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CONTRACT SERVICES FOR DRUG DEPENDENT OFFENDERS

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIME

OF THE

COMMITTEE ON THE JUDICIARY
HOUSE OF REPRESENTATIVES

NINETY-SEVENTH CONGRESS

FIRST SESSION

ON

H.R. 3963

CONTRACT SERVICES FOR DRUG DEPENDENT OFFENDERS

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CONTRACT SERVICES FOR DRUG DEPENDENT OFFENDERS

THURSDAY, JULY 16, 1981

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIME
OF THE COMMITTEE ON THE JUDICIARY,
Washington, D.C.

The subcommittee met, pursuant to call, at 2 p.m., in room B-352, Rayburn House Office Building, Hon. William J. Hughes (chairman of the subcommittee) presiding.

Present: Representatives Hughes, Fish, and Sawyer. Staff present: Hayden W. Gregory, chief counsel; Eric E. Sterling, assistant counsel; and Deborah K. Owen, associate counsel.

Mr. HUGHES. The meeting of the Subcommittee on Crime will come to order.

This afternoon we are holding our second hearing that treats the problem of drug abuse and its relation to crime.

Last month, we heard from a number of witnesses including Dr. Robert Dupont, former Director of the National Institute on Drug Abuse.

He urged that all probationers and parolees be subject to urinalysis for drug abuse on a sustained, if only infrequent, basis.

His point was that if a person is using heroin, he or she is almost certainly engaged in some kind of criminal activity to finance the purchase of the drug.

More centrally, however, is that urinalysis is a necessary part of a drug treatment program. The purpose of the treatment program is to develop a lifestyle and state of mind that is free of drugs. To do this, the treatment personnel have to know and the client has to know that they know, whether or not he is cheating.

We recognize that addiction is very powerful. Urinalysis is a technique that is part of the treatment program that reinforces progress and exposes backsliding.

We also heard testimony last month from John Gustafson, deputy director of the New York State Division of Substance Abuse Services. That office performs for the State of New York many of the drug abuse treatment functions carried out by the U.S. Probation Office for our federal system.

The problem in New York is tremendous. Some estimates suggest that one-half of all of the Nation's heroin addicts live in that State. This amounts to approximately 185,000 persons who are literally crime time bombs.

We were advised that 14,000 of the 23,000 inmates in the State of New York need drug treatment.

Programs in place in New York that are similar to the contract services program that we are considering today have been very effective. Director Gustafson told us, for example, that TASC program participants in Nassau County and Westchester County, N.Y., have had success rates in the range of 85 to 87 percent, measured on the basis of no subsequent rearrests.

The TASC programs, treatment alternatives to street crime, are some of the successes of the LEAA. My bill, the Justice Assistance Act of 1981, H.R. 3359, would continue funding for TASC programs that will be eliminated by the administration's proposed budget cuts.

One of the points that previous witnesses have made to the subcommittee is that the drug treatment programs are, from a corrections point of view, extremely cost effective.

In New York, for example, their cost is $2,300 per patient per year for treatment compared to a cost to the State of $6,000 per year in public assistance and medicaid.

Criminal prosecution would cost the State $19,000 per case. Hopefully, we will learn if similar cost effectiveness exists for the Federal program.

We also were privileged last month to hear from Dr. John C. Ball, the author of the famous study on the 243 heroin addicts from Baltimore. He told us that over the 11-year period he studied, those addicts committed approximately one-half of a million crimes. As Dr. Ball put it, crime becomes a way of life when those people are on drugs.

The criminal justice system, in attacking the crime problem, has to deal with the factors that lead to crime as a way of life. That is what drug treatment programs are all about.

This afternoon we are privileged to hear from representatives from the judicial branch of the Federal Government who are in a position to tell us what the Government is doing about moving Federal drug dependent offenders away from crime as a career.

I introduced H.R. 3963 to begin examination of this program early in the budget cycle. We consider drug treatment to be an important and effective deterrent to the commission of crime. We want to know about the Federal program and how it works.

Does it need any improvements or changes that require the attention of Congress? By considering this program early in Congress before its authority expires, we will not have to rush hastily at the end of a session to keep a small but important program in operation.

The insight that our witnesses will share with us this afternoon will have a significance larger than just the Federal aftercare program. We need to learn as much as we can about the lives of drug dependent offenders.

Our four witnesses this afternoon represent experience from every aspect of the criminal justice system and we are deeply grateful that they have traveled from far and near to share their insights with us.

The Chair recognizes the gentleman from Michigan.

Mr. SAWYER. Thank you, Mr. Chairman. I am here to have their insights shared.

Mr. HUGHES. I would like to welcome back this afternoon our first witness, Judge Gerald Tjoflat. Judge Tjoflat is on the bench of the U.S. Court of Appeals for the Fifth Circuit.

Judge Tjoflat is the chairman of the Judicial Conference Committee on the administration of the probation system and a member of the Advisory Corrections Council.

Prior to his appointment to the appellate bench, Judge Tjoflat served as U.S. district judge for the middle district of Florida, and as a judge of the Circuit Court, Fourth Judicial Circuit of Florida.

Judge, it is once again an honor to have you with us today, and on behalf of the Subcommittee on Crime, I extend you a warm welcome.

Without objection, your statement will be incorporated in the record, and you may proceed in your own way.

TESTIMONY OF HON. GERALD B. TJOFLAT, JUDGE, U.S. COURT OF APPEALS FOR THE FIFTH CIRCUIT, JACKSONVILLE, FLA., ACCOMPANIED BY WILLIAM A. COHAN, CHIEF, DIVISION OF PROBATION, ADMINISTRATIVE OFFICE OF THE U.S. COURTS; ROBERT ALTMAN, DRUG PROGRAM ADMINISTRATOR, DIVISION OF PROBATION, ADMINISTRATIVE OFFICE OF THE U.S. COURTS; AND DONALD CHAMLEE, DEPUTY CHIEF, DIVISION OF PROBATION, ADMINISTRATIVE OFFICE OF THE U.S. COURTS

Judge TJOFLAT. With me are William Cohan, the Chief of the Division of Probation of the Administrative Office of the U.S. Courts; Don Chamlee, Assistant Chief of Probation; and Robert Altman, the Drug Program Administrator of the Division of Probation.

We are prepared to answer any questions that you might have.

My statement is fairly comprehensive, and I am sure you have some questions touching on the subject.

Mr. HUGHES. Well, first of all, why don't you start by telling us how the program has been operating, just in general terms?

Judge TJOFLAT. In general terms, we received the program from the Bureau of Prisons following a recommendation of the General Accounting Office.

I think that was a wise move, because, previously, we had the Bureau of Prisons providing the services, the facilities and the probation service, that is, the courts, conducting the aftercare program.

It is true that the provision of the facilities is an executive function, but in this situation, I think it is properly in the judicial branch under the probation division.

We feel that the drug aftercare program is indeed a valuable tool to the administration of justice.

It is economic, first of all, because we are able to divert many individuals into the program under probation, and without substantially increasing the risk of crime committed by these individuals and that saves the Government and the taxpayer considerable funds.

Second, it is much more therapeutic and rehabilitative in our judgment to care for the offender under the program in an outpatient type situation than it is in custody.

This assumes that probation is an indicated sentence for the offender otherwise.

It is too early to make finite evaluations from data.

We are still in the process of collecting data, and I might add, until we have launched in an operational stage the probation information management system which we call PIMS, which is a system geared to collecting large amounts of data regarding offenders generally, we are not going to be able to measure definitively the success of this program, but we feel that it is successful.

We think that the probation service has done a good job of training the line offices in conducting the aftercare program.

A great deal of care and expertise has been put into the annual letting of contracts for the services. As you know, the services are provided three ways: by a contractor, at cost, of course, to the Government; by the community services already fixed and in place in which event it costs us nothing; or the services are provided by the probation officer himself.

We think we have a good aftercare program.

Mr. HUGHES. Who decides whether or not you contract the services out or do it in-house? Who makes that decision?

Judge TJOFLAT. The chief probation officer or his designee is in charge of making that determination. If the community has existing services which are comprehensive, we do not need to contract with a third party to provide them. We simply use the existing community services.

If the community services are inadequate, either in function or because of an overload, a third party is, therefore, indicated. It is only then that we make a contract.

If the district does not have a substantial problem, the probation office itself can handle the situation.

It is an ad hoc determination on a case-by-case or district-by-district basis, depending on many things. The districts vary, of course. The D.C. District has a tremendously high percentage of drug offenders, as does the Southern District of Florida or any border district, for example, the Southern District of California.

They have entirely different problems from those experienced by the District of Montana or Wyoming, say, or by the Western District of Wisconsin.

Mr. HUGHES. Is it the chief probation officer that decides whether to contract out or do it in-house?

Judge TJOFLAT. The chief or his designee.

Mr. HUGHES. Who makes the decision as to whether the community-based services are adequate?

Judge TJOFLAT. They do in the field.

Mr. HUGHES. That is a determination by the chief probation officer or his designee?

Judge TJOFLAT. Yes.

Mr. HUGHES. Who determines who is subjected to the aftercare program?

Judge TJOFLAT. The Judge makes that determination based on the recommendation of the probation officer.

The probation officer in this situation is much like an intern is who is giving somebody an indepth physical examination.

First, there is a clinical examination performed by the probation officer in terms of a presentence investigation report wherein he goes into the entire background of the individual. If something in that background indicates the possibility of a drug abuse, then he may order the equivalent to X-rays or tests to be performed and the probation officer submits the investigatee to urinalysis examination.

If that indicates, together with the clinical testing, if that confirms the clinical judgment, then you have a drug abuse individual and the judge is now faced with a sentencing decision.

The probation officer then includes the various drug after-care programs in the overall program proposed to the judge, and that can be administered as a condition of probation.

Mr. HUGHES. The judge actually makes the determination?

Judge TJOFLAT. Yes; the Parole Commission does the same thing regarding a prisoner to be released on parole.

Mr. HUGHES. Has any of the judicial districts developed any criteria to be utilized by the probation officers in making that determination?

Judge TJOFLAT. In the District of Columbia, for example, because of the high probability that an offender is subject to drug abuse, it has tests made on every offender prior to sentence.

Now, in a district in which there is a very low incidence of drug abuse in the criminal case mix, you might have few tests being made incident to the presentence investigation.

Mr. HUGHES. Can you walk us through the procedure utilized in the aftercare program?

Judge TJOFLAT. Surely, who would like to take that one?

Mr. Altman will.

Mr. ALTMAN. Basically, Mr. Chairman, when a determination is made by the chief probation officer that he has a need in his district for drug treatment, he then decides the best way to provide that treatment, either through the contract services, using his own staff or available resources at no additional costs to the Government.

If he elects that contracting is the best method to use, he then becomes involved with our office in a very detailed set of contract procedures whereby he sends out pre-solicitation letters to the resources in the community and a RFP that we prepare in the administrative office.

There is active competition and adequate competition, we feel, for all the contract awards. He then makes onsite visits to each of the offenders and makes a recommendation after a thorough evaluation and sends that evaluation in to the administrative office where our contracting officer makes a contracting award and the chief probation officer is then responsible for monitoring the performance of the contractor through periodic visits, monitoring the monthly invoices that come in and through the use of his line officers who are recommending that clients be referred to that program for treatment.

If available community resources are used then the chief probation officer and his line staff go out and try to convince local pro-

grams to take our clients at no cost. If that is not available, he then may choose to use his own staff to provide direct treatment.

We do require when probation office staff is used that they provide the same level of treatment.

A major part of the program is urine collection which is done on an ongoing basis through a parolee supervision.

We have developed a three-phase system for urine collection to assist the officer to determine whether or not the client has used drugs or not.

Mr. HUGHES. I understand there is a 6-month treatment program. Can you tell us just how it works?

Mr. ALTMAN. The first phase lasts approximately 6 months at which time there are six urine collections collected from each client on a monthly basis. Two of those collections are on a surprise basis with no more than 24 hours notice to the client.

We have tried to develop a system whereby we can detect someone's illegal drug use, given the normal excretion rates for various drugs and the normal drug use patterns of clients.

The second phase, after he successfully completed the first 6 months, is approximately a 3-month phase where we collect four per month, two of which are on a surprise basis and after that second phase, the third phase is, the last 3 months of supervision in the drug program where the client will give two urine specimens monthly on a surprise basis.

Mr. HUGHES. If the individual is using heroin, how long will traces of that remain in his urine?

Mr. ALTMAN. Seventy-two hours.

Mr. HUGHES. You have staged it during the first 6-month period, so that you can determine during that month whether in fact at any time within 72 hours during any given period he or she has used heroin, and you stage it so a month would not go by without some trace if he is using it. Is that correct?

Mr. ALTMAN. Correct.

Mr. HUGHES. How do you assure against false reports? I understand the parole system is important in taking samples.

Mr. ALTMAN. Our procedures call for all urine specimens to be observed except in cases where we have a problem with the sex of the collector and the client involved, we don't want male counsellors or officers observing females giving urine specimens.

We do require, though, when that does occur, that is noted as an unobserved collection, but all collections are observed so a client does not engage in any subterfuge to give the drug counsellor a false specimen.

Mr. HUGHES. What do you do if a urinalysis specimen shows there is some suggestion that narcotics have been used?

Mr. ALTMAN. The first thing is to confront the client with the test results, and get a statement from the client. Then immediately to increase the number of specimens that are collected, and to place the client in a more restrictive therapeutic setting. For example, if the client is in an outpatient treatment program, the drug counsellor will move the client to a confined setting rather than continue the person in the outpatient program.

Mr. HUGHES. Is that reported to the court?

Mr. ALTMAN. Yes, it is.

Mr. HUGHES. And if in fact it still shows a positive reading after the individual is subjected to a more confined environment, is there a hard and fast rule at that point?

Mr. ALTMAN. No, we say to our officer that after a pattern of drug use develops and after continued attempts at intervention fail, then the alternative would be revocation of the person's supervision, either through the court or the Parole Commission.

Mr. HUGHES. What drugs are tested for in the urine screening?

Mr. ALTMAN. We test for 36, basically 36 different drugs. We test for all the basic opiates or nonopiates, all the barbiturates, codeine, cocaine, PCP and quinine as part of what we call a basic screen.

We have a list of several drugs that can be elected for tests by the probation officer or drug counsellor.

Mr. HUGHES. Is there any way that a client can camouflage his drug use, the taking of any type of substances?

Mr. ALTMAN. There is a lot of folklore in various communities about certain substances that can be consumed that will mask test results. I am not familiar with anything that really works other than to dilute possible specimens. Clients will try to substitute other specimens or just use water to try to falsify the test results.

Mr. HUGHES. Do you have any problems in insuring that once the sample is taken, that it does get to the proper individual to be tested, and the test results are sent to the probation office without any confusion as to who the individual was or any compromise of the chain of events from the time of taking the urine to the time that the tests are reported?

Mr. ALTMAN. No, we don't believe we have a problem in that area. We have developed a very thorough chain of evidence system so when specimens are collected they are duly noted on the bottle and sent directly to the laboratory, and the results are then returned to the submitter of the specimen.

Judge TJOFLAT. The probation committee takes the attitude that we need a sufficiently careful monitoring of that whole process so that there would be no risk that the sample or the test would not be inadmissible in evidence in a court of law at a trial, so those precautions are taken in order to insure reliability of the testing lab report involving the given individual.

Mr. HUGHES. What you are saying in essence is that the program has worked fairly well?

Mr. ALTMAN. Yes.

Mr. HUGHES. The chair recognizes the gentleman from Michigan.

Mr. SAWYER. What percentage of success do you have with in keeping those who were addicted off drugs.

Judge TJOFLAT. Bill Cohan, Mr. Chairman, has just finished a data collection program on terminations from July 1 of last year to, or through June 30 of this year, a 12-month period and has some rough figures.

Mr. SAWYER. What do you mean by terminations? Successfuly completed or revoked?

Mr. CHAMLEE. We asked for a report, Mr. Sawyer, on all cases removed from surervision during the past 12-month period, and we just completed it this morning. I have provided a copy to counsel, so we would appreciate the opportunity to give further explanation of it, though, before it is placed in the record.

[The information referred to follows:]

SURVEY OF DRUG TREATMENT

CASES REMOVED FROM SUPERVISION

OF THE FEDERAL PROBATION SYSTEM

JULY 1, 1980 TO JUNE 30, 1981

I

CASES REMOVED FROM SUPERVISION BY TYPE OF CASE AND VIOLATION
DURING THE 12-MONTH PERIOD ENDED JUNE 30, 1980

Type Case*	Total Removed	No Violation		With Violation		Violation Type			
						Technical		New Conviction	
		Total	%	Total	%	Total	%	Total	%
TOTAL	30,960	25,505	82.4	5,455	17.6	3,489	11.3	1,966	6.4
Prob.	20,774	17,770	85.5	3,004	14.5	2,001	9.6	1,003	4.8
Parole	10,186	7,735	75.9	2,451	24.1	1,488	14.6	963	9.5

Table I depicts supervision outcome for all persons whose supervision was terminated during the twelve month period ended June 30, 1980. While the time period is not the same as for the subsequent tables, the table is presented for the purpose of general comparison.

II

DRUG TREATMENT CASES REMOVED FROM SUPERVISION BY TYPE OF CASE AND VIOLATION DURING THE TWELVE MONTH PERIOD ENDING JUNE 30, 1981

Type Case*	Total Removed	No Violation		With Violation		Violation Type			
						Technical		Conviction	
		Total	%	Total	%	Total	%	Total	%
Total	3,557	1,868	52.5	1,689	47.5	666	18.7	1,023	28.8
Probation	1,260	769	61.0	491	39.0	155	12.3	336	26.7
Parole	2,297	1,099	47.8	1,198	52.2	511	22.2	687	22.9

*PROBATION = Court Probation, Magistrate Probation and Pretrial Diversion
PAROLE = Parole, Mandatory Release, Special Parole and Military Parole

Table II provides information on supervision outcome for cases that received drug treatment and were closed during the twelve month period ended June 30, 1981. The data show a higher violation rate for parolees who received drug treatment than probationers.

III

DRUG TREATMENT CASES REMOVED FROM SUPERVISION BY TYPE OF CASE AND VIOLATION AND TREATMENT TYPE (CONTRACT OR NOT) DURING THE 12-MONTH PERIOD ENDED JUNE 30, 1981

		No Violation		With Violation		Violation Type: Technical		Violation Type: New Conviction	
Type Case*	Total Removed	Total	%	Total	%	Total	%	Total	%
Total	3,557	1,868	52.5	1,689	47.5	666	18.7	1,023	28.8
Probation		Contract Drug Treatment							
	630	357	56.7	273	43.4	66	10.5	207	32.9
		Non Contract Drug Treatment							
	630	412	65.4	218	34.6	89	14.1	129	20.5
Parole		Contract Drug Treatment							
	1,319	649	49.2	670	50.8	263	19.9	407	30.9
		Non Contract Drug Treatment							
	978	450	46.0	528	54.0	248	25.4	280	28.6

* Probation = Court Probation, Magistrate Probation and Pretrial Diversion
Parole = Parole, Mandatory Release, Special Parole and Military Parole

Table III further elaborates the information provided in Table II by showing how many parolees and probationers received contract or non-contract drug treatment. The supervision outcome frequencies indicate the parolees who received contract drug treatment fared better than those who received non-contract drug treatment. However, probationers that received non-contract drug treatment violated less frequently than those that received contract drug treatment.

ORUG TREATMENT CASES REMOVED FROM SUPERVISION BY TYPE OF CASE ANO VIOLATION AND TREATMENT TYPE (CONTRACT OR NOT) OURING THE 12-MONTH PERIOO ENOEO JUNE 30, 1980

		No Violation		With Violation		Violation Type			
						Technical		New Conviction	
Type Case*	Total Removed	Total	%	Total	%	Total	%	Total	%
Total	3,377	1,710	51.0	1,667	49.0	658	19.5	1,009	29.9
PROBATION		Contract Orug Treatment							
	611	341	55.8	270	44.2	65	10.6	205	33.6
		Noncontract Orug Treatment							
	589	377	64.0	212	36.0	87	14.7	125	21.2
PAROLE		Contract Drug Treatment							
	1,267	601	47.4	666	52.6	262	20.7	404	31.9
		Noncontract Drug Treatment							
	910	391	43.0	519	57.0	244	26.8	275	30.2

IIIa PROBATION AND PAROLE CASES THAT RECEIVED DRUG TREATMENT AND WERE REMOVED FROM SUPERVISION DURING THE TWELVE MONTH PERIOD ENDED JUNE 3D, 1981

	No Violetion	Violation	
Contract	1,006 51.6%	943 48.4%	1,949
Non- Contract	862 53.6%	746 46.4%	1,608
	1,868	1,689	3,557

Chi Square = 1.8261 NS

In Table IIIe supervision outcome is compared with drug treatment type (contract or not) for both probationers end parolees. The cases that received contract drug treetment were closed by violation 48.4% of the time whereas those that received non-contract drug treatment were closed 46.4% of the time. However, the difference as measured by the Chi-Square procedure is not statistically significant.

IIIb PAROLE CASES THAT RECEIVED DRUG TREATMENT AND WERE REMOVED FROM SUPERVITION DURING THE TWELVE MONTH PERIOD ENDED JUNE 30, 1981

	No Violation	Violation	
Contract	649 49.2%	670 50.8%	1,319
Non- Contract	450 46.0%	528 53.9%	978
	1,099	1,198	2,297

Chi Squere = 2.2905 NS

In Table IIIb the associetion between supervision outcome for parolees and drug treatment type slightly favors those who received contrect drug treetment but the difference is not statistically significant.

IIIc PROBATION CASES THAT RECEIVED DRUG TREATMENT AND WERE REMOVED FROM SUPERVISION DURING THE TWELVE MONTH PERIOD ENDED JUNE 30, 1981

Contract	357 56.6%	273 43.4%	630
Non-Contract	412 65.4%	218 34.6%	630
	769	491	1,260

Chi Square = 10.09 Sig > .01

Table IIIc shows that probationers who received non-contract drug treatment were cloeed by violation less frequently than thoee who received contract drug treatment. Thie is statistically significant at the .01 level. Any conclusion that non-contract servicee are more effective may be unwarranted, however. Such a conclusion would require that the choice between contract and non-contract drug treatment services be made on a random basie without bias. In reality, there ie reason to believe that the choice is quite a eelective one. For inetance, in the Northern District of Illinoie, the probation officers provide the majority of drug treatment services and resort to contract eervices only for those eervices they cannot provide, such as in-patient detoxification. Many dietricts refer only the most difficult caees to the more expensive contract treatment. Consequently, cases that experienced no major difficultiee would have been reported as non-contract drug treatment cases whereae thoee moet likely to have terminated under circumstances of violation would have been reported as contract drug treatment casee.

The Probation Division, Administrative Office of the U.S. Courte
July 27, 1981

On all probation cases that were in the program and terminated, 60 percent were terminated successfully, and 40 percent were terminated by violation action.

In the parole cases, 46 percent were terminated successfully, and 54 percent were terminated by violation.

Mr. SAWYER. Do you have any further breakdown of that based on the narcotic involved, and heroin specifically?

Mr. CHAMLEE. No, sir; we don't. This was a very basic quick survey taken for the purpose of trying to address this question at the hearing.

The only breakdown we made within it was whether or not the violations were technical reasons, which would include using drugs, failure to abide by conditions or whether or not the violation was based on a new conviction, and we have that data.

Judge TJOFLAT. Of course, we do not have anything to compare it with.

We don't have a set of data involving persons who are addicts during a time frame prior to the time we had the aftercare program.

How successful they were, we do not know.

Mr. SAWYER. Up in my area of the country, we have had very, very poor luck with rehabilitating drug addicts. We have a Project Rehab and some of those things in the Grand Rapids area, and the percentages are very discouraging when you are dealing with heroin and some of the other things. The percentages are much more successful with the things that are more psychologically addicting.

Heroin is enough to make you throw in the sponge when you have looked at the records I have looked at.

Mr. CHAMLEE. We, of course, are interested in obtaining that information and have been working with the Federal Judicial Center to design an evaluation study that would explore for a variety of reasons, to give us more information about the people, the value of the various programs available, and more meaningful data about the outcome of it.

This is all that we have at this point.

Mr. SAWYER. For example, do these treatments involve methadone or any other kind of substitute?

Mr. CHAMLEE. Methadone is a last resort treatment attempt.

Mr. Altman, do you want to address that issue?

Mr. ALTMAN. Our program philosophy is such that methadone is not to be used as the primary treatment modality. It is used as a last resort prior to incarceration and at the discretion of the probation officer supervising the case.

At this time of the contract programs that we utilized, less than one-third of them use methadone as a component of the program, and even in those, it is little used.

Mr. SAWYER. Don't you have some overall feel for what success there is in this program, with respect to, for example, heroin?

You have been apparently involved in it for at least 12 months. I undertand that you might not be able to give specific percentages, but you ought to have some overall impression of the success of it.

I am limiting it to heroin particularly.

Mr. CHAMLEE. I must say that we don't in the administrative office.

We have not explored factors such as that. You will have a witness later, Mr. Pace, from the District of Columbia Probation Office, where they have the heaviest percentage of the drug population we have in the system, and maybe he could speak from his experience with heroin.

Mr. SAWYER. You don't even have any feel for it?

Mr. ALTMAN. We do know about 28 percent of all the urine tests that are conducted are positive for one drug or another. Of that percent, nearly 30 percent are positive for the opiates which includes heroin, morphine, codeine and other opiates, so that is the largest percentage of the drugs that we find coming up positive on the urine test.

Mr. SAWYER. Do you have any figures on how many revocations were the result of the commission of further crimes?

Mr. CHAMLEE. That is broken-down as to whether or not it is a technical violation or based on a new conviction.

Mr. SAWYER. I guess most of them then are new convictions.

Mr. CHAMLEE. The balance swings that way, Congressman.

The table at the top of the page is a table that we report annually at the end of each year on violations.

You will note that the technical violations run about twice the amount of the violations based on new convictions.

When you move down into the tables at the lower half of the page, the swing reverses. The higher percentages are based on new convictions. I suppose part of that could be expected in that the program is a special program dealing with persons who have a recognized special need, and you keep moving to increasing levels of restriction, and before you do violate.

Mr. SAWYER. The top table involves nondrug related problems—people without drug addiction?

Mr. CHAMLEE. The top is the entire probation parole population.

Mr. SAWYER. The bottom ones are——

Mr. CHAMLEE. Those identified as having been in a drug program and having been removed from supervision in the past 12 months.

Mr. SAWYER. With respect to new convictions, do you have any breakdown as to the severity or the capital nature of the crimes?

Mr. CHAMLEE. No, sir.

Mr. SAWYER. I guess that is all I have.

Mr. HUGHES. The gentleman from New York.

Mr. FISH. No questions.

Mr. HUGHES. When you talk in terms of success, I realize that the rationale of the program is to discourage the use of narcotics, but there is another side of the success; the fact that you pick up the fact that they are back on drugs, that is a success that you picked up early on.

When you talk in terms of percentage of success, you are talking about the ones that behave themselves.

Judge TJOFLAT. It is also successful to the extent it identifies those——

Mr. HUGHES. And it is also successful the other way.

Judge TJOFLAT. The sixth page of my statement indicates what somebody has to do when they remain in this program. They have

got to go through a 12-month period of urinalysis demonstrating no drug use, no convictions, and so when somebody finishes the program, they have withstood a pretty rigorous examination.

Mr. HUGHES. I have the sheet that you were working on and referring to when you responded to Mr. Sawyer's question, and I am going to, without objection, leave the record open so that you can submit that when you get the other districts that have not reported in, so we can make that a part of the hearing record.

Doesn't the division of probation have some statistics which have been shared perhaps by the bureau of prisons during the years that they ran the program?

Mr. ALTMAN. We have some early statistics when the bureau of prisons ran the program from the CODAP records or the client-oriented data acquisition project.

We did use those statistics to determine what our possible future needs would be for, contract or noncontract services.

Mr. HUGHES. Would they have it broken down from the standpoint of whether you were talking about opiates or barbiturates?

Mr. ALTMAN. They would have some data breakdowns by drug abuse at the time the client entered treatment, the primary drug of abuse.

Mr. HUGHES. They administered the program for about 7 years, sir?

Judge TJOFLAT. 1968 through 1979, 11 years.

Mr. HUGHES. Without objection, we are going to hold the record open so you can submit that data. That could be helpful to us now. They had 11 years of experience; and I can't believe they wouldn't have some figures to demonstrate the success or failure of the program.

Judge TJOFLAT. They wouldn't necessarily have those figures, I hate to say, Mr. Chairman, because part of whether the program succeeded or not would depend upon how the U.S. Parole Commission handled persons on violation warrants, and how the U.S. district judges handled probationers who were suspected of violating conditions of probation, specifically being involved in drugs.

Mr. HUGHES. I suspect each district was a little different?

Judge TJOFLAT. We didn't have an information system in the judiciary capable of retrieving all that information.

Mr. HUGHES. We will leave the hearing record open for you to submit whatever is available.

Judge TJOFLAT. We will get you the best information we have.

Mr. HUGHES. Some persons have suggested the problem of drug dependent offenders as primarily a State problem. How large is the number and percentage of Federal offenders who have drug abuse problems?

Judge TJOFLAT. 18 to 20 percent, and it has been as high as 30 percent, and that varies upon the prosecutorial policy.

Mr. HUGHES. How much impact on the caseload of the Federal courts do drug dependent offenders have?

Judge TJOFLAT. We can't do anything better than to estimate that it has a substantial impact, but beyond that we can't say.

Mr. HUGHES. I understand that the policy of the Federal courts is to use methadone maintenance as a treatment technique of last resort.

Why is it used only that way?

Judge TJOFLAT. Because it is addictive.

Mr. Altman.

Mr. ALTMAN. Our basic philosophy is that we want to maintain an abstinence program, where other medication is used as a last resort. We don't want to replace one addictive drug with another.

Mr. HUGHES. The urinalysis screening program is run from Washington for all the Federal districts. Is there any quota that limits the number of urine screens a district can request in a given year?

Mr. ALTMAN. No.

Mr. HUGHES. What is the general attitude of the client population concerning the aftercare program?

Mr. CHAMLEE. I would say if it is in the area of assessing the alternatives available, if they went into the program in lieu of going to prison, they would be quite happy with it.

Mr. HUGHES. Not the same choice as the gallows or the electric chair, is it?

Mr. CHAMLEE. No. Certainly, at the initial stage it would seem to a reasonable person that they were getting a better break to go into the program than to prison, but during the course of the program, I would imagine there probably is resistance on the part of most, which it would hopefully lessen as their situation improves.

Some continue to resist and get worse, and do not want to cooperate with the program, will stall, find one reason or another not to give a sample.

Mr. HUGHES. I presume that is reported to the court?

Mr. CHAMLEE. Yes.

Mr. HUGHES. Many private defense counsel in appropriate cases arrange placement of their client in a drug treatment program almost as soon as they are retained.

Have U.S. magistrates been cooperative in allowing pre-trial release if the defendant is entering a drug treatment program?

Mr. CHAMLEE. I would say yes.

Mr. HUGHES. Are persons on pretrial release ever placed in a contract services program?

Judge TJOFLAT. Yes, in the 10 pretrial services pilot districts.

Mr. HUGHES. The gentleman from Michigan.

Mr. SAWYER. Doesn't your underlying data permit a breakout of the heroin cases?

Mr. CHAMLEE. The data base that we have, Mr. Sawyer, is the data base acquired from the 10 pretrial service demonstration districts, and we presented at page 10 of the statement a recapitulation of that data by offense and by abuse of opiates or nonopiate drugs. That is the closest that we can come to that sort of information.

We have information presented here on 45,000 defendants that have gone through these 10 pretrial service demonstration districts in the past 5 years. That represents about 20 percent of the total criminal defendants, and as far as breaking it down within that, we don't have that information.

Mr. SAWYER. Maybe there are addicts of codeine or morphine, but I am not aware of any big problem with them. Heroin is a problem, and that is the one I am concerned about, because, frankly, my observation has been that the success in rehabilitation is about "zip". In Grand Rapids, we have a very active program in that area that I was familiar with. Grand Rapids is an urban area populated by 400,000 to 500,000 people, with all the problems that Chicago or Miami has, although, fortunately fewer in number.

The program in Grand Rapids is called Project Rehab. It is both publicly and privately financed and has been operating a long time. You can count their number of successful graduates on the fingers of one hand.

With cocaine or some of the other things, there seems to be some argument about whether they are physically addictive. I have heard doctors voice both opinions. Obviously they are addictive not to the extent that heroin is. If you are getting more success than I have seen, I would like to find out what is wrong with the programs in my area, and why they are not more successful.

I am not completely satisfied that you gentlemen ought not to at least have some feel for that.

Mr. COHAN. We do have in the works a detailed evaluation, and the nature of your question clearly identifies something we need to take a good look at. We do plan a two-step evaluation and we have been working with the Federal Judicial Center on the design and we plan to conduct data collection this summer, and in fact there is a representative of the Judicial Center in the audience back there taking advantage of your questions, too, and we will take it to heart.

Mr. SAWYER. There is nothing unique about my question. Everyone in criminal law enforcement, or I am sure in the judiciary, has for many years been vitally concerned with the problem of heroin.

I understand that cocaine has now maybe edged it out of first place, but up until a couple of years back, it was the hot street drug. Because of the activities of Turkey, and Mexico, to some extent, cutting down on the supply of heroin, whereas cocaine has grown.

Unless you get heroin figures, you are not really getting into the clearly physically addictive problem.

Maybe there is a similar problem with marijuana or hashish, but I know there is a failure with respect to heroin.

Mr. COHAN. Unfortunately, the evaluation has had to take a back street. We have had to make the program run and it was a conscious decision to delay the data collection and evaluation because we were trying to see that the program was running.

Mr. HUGHES. I think they have pleaded nolo contendere.

Mr. SAWYER. That is the impression I got.

Mr. HUGHES. Does marijuana show in the urinalysis?

Mr. COHAN. There is a fairly recently developed test which does show it.

Mr. HUGHES. Is that one of the tests performed?

Mr. COHAN. Not currently. It is brand-new.

Our standards of testing require that you have a separate and distinct confirmation when a drug is detected. The Center for Disease Control now tells us if you screen for marijuana and screen

using the same test in that instance, that would be an acceptable way to confirm the existence of the marijuana.

We have not gone to that standard. We have required a separate and independent confirmation method before a test was declared positive. We may next year.

Mr. HUGHES. Frequently the long term nature of drug treatment is not compatible with the short term of pretrial release.

Are there any programs that are designed for short term application to persons on pretrial release?

Judge TJOFLAT. All the individuals under supervision under the pretrial services agencies established under title II of the Speedy Trial Act are placed in the same programs as parolees and probationers.

Mr. HUGHES. There are 201 contracts for drug treatment services at some 500 locations around the country. How much difference is there in the types of treatment that are offered on these?

Mr. ALTMAN. We have a wide range of services that are available. Our basic requirement is at least 30 minutes of individual counselling or counselling on a weekly basis. Many of our districts have gone beyond that and are contracting for a wide range of services.

We have approximately 27 difference services that are available through our contract plus additional services that we will design with an individual district, according to their needs.

We have everything ranging from vocational training to hospitalization for detoxification, if that is necessary, to psychotherapy if that proves to be necessary.

We do provide a full range of services through our contract agencies.

Mr. HUGHES. Is there some degree of uniformity?

Mr. ALTMAN. The uniformity, we prepare the standards that we require in the contract. Those are prepared here in Washington, in the administrative office, and all contractors are required to provide those services.

Mr. HUGHES. In your contract do you have provision to vitiate the contract in the event the standards are not being maintained?

Mr. ALTMAN. Yes, we do.

Mr. HUGHES. How much notice is required?

Mr. ALTMAN. I believe it is a 30-day notice, but that would be on recommendation from our probation staff in the field and after consultation with our Office of General Counsel and the contracting officer for the agency.

The contracting officer would be the one who makes th final decision to terminate a contract.

Mr. HUGHES. Will the administrative office evaluate the success rate of the various programs to determine relative effectiveness by technique or program?

Mr. COHAN. Yes—well, there is a two-step evaluation process planned. The first is onsite data collection, case-by-case basis, and that is where we will look at the type of drug abuse and the second shows, it is an observation type work with the person working with the districts exploring the various models that we use.

We are kind of on the beginning of the legislation in here, and we want to send a knowledgeable researcher out into the field to

take a look at the various models, explore how data would be collected on a systematic basis, make some preliminary evaluations and design a long term evaluation.

Mr. HUGHES. NIDA has promulgated standards for treatment services. How similar are the standards to the division of probation's, if you know?

Mr. ALTMAN. Again our standards, we rely quite heavily on the standards that have already been established by the National Institute on Drug Abuse and over half of the programs that we have are funded in part or whole by other Federal sources including NIDA.

We rely heavily on their standards, and we have designed certain requirements for the qualifications of counselors who will be treating our clients. They must have a degree, and we don't allow the use of paraprofessional counselors unless they are supervised by a degreed counselor and set standards for minimum number of contacts with clients in therapy and those are basically the standards.

Mr. HUGHES. Are there any significant differences between the program or services made available in the contract and noncontract services program?

Mr. ALTMAN. Hopefully not. The one advantage we have with the contract services is that we have more control over the provision of services because we are paying for them. Oftentimes if we are using noncontract services, we don't have a direct say-so in how the services are provided, the quantity or quality of the service.

As part of our contract all services provided in a contract agency must be provided at the order of the probation officer. The probation officer is the one who sets the level of services that are provided and rates the quality of those services and the probation officer is a very active participant in the therapeutic process.

Mr. SAWYER. Why is it that your success ratio in the noncontract cases appears considerably or markedly better than in the contract cases?

Mr. CHAMLEE. This is one of the things that we wanted to look at, Mr. Sawyer. That is why I asked that we had an opportunity to provide more detailed information about how this was conducted.

The definitions that were used in sending out these cells of information was for the contract case was to include any case that had been touched by contract services during the period of supervision. That does not necessarily mean that they were in a contract placement throughout the course of the period of supervision.

It could mean that contract resources were used for an evaluation, when they were initially received for supervision.

Mr. SAWYER. I understood the gentleman to say that you have much better control over contract treatment than over noncontract treatment and that both were successful.

It would seem to me there is statistically significant less success in the contract than in the noncontract cases, if I am reading this table correctly.

Mr. CHAMLEE. You are reading it correctly, and we are suggesting there are several reasons that might be so because the definition on a contract case was so wide to include anybody who had been touched during the supervision period by the contract process.

It might be just the initial evaluation which said that, which was received through contract and said, this case should receive usual supervision services provided by the Probation Department.

Mr. SAWYER. I grant you that, but I am curious why the gentleman has said that one is better than the other.

Mr. CHAMLEE. Well——

Mr. ALTMAN. The fact that we do have tight control with our contract agencies, I believe also allows us to detect maybe sooner when a violation has occurred, when failure to report for treatment.

Mr. SAWYER. If there is a new conviction, you wouldn't have a problem either way in that?

Mr. HUGHES. Picking up on that, I think it is a good point. I also note that it would appear that the success ratio for probationers is significantly different than those on parole.

What is the reason for that?

Mr. CHAMLEE. That is historically true, sir, on any type of case. If you look at the table at the top, the success rate of probation cases historically is about 85 percent.

The success rate on parole is historically about 75 percent, and there is really no significant variation from that from year to year.

Mr. HUGHES. It would be logical to assume there are additive costs associated with placing clients of the probation offices in non-contract drug treatment services.

Are any of those costs charged to the contract services program under Public Law 95-537?

Judge TJOFLAT. No.

Mr. HUGHES. Are there drug dependent offenders who are not placed in a drug treatment program in districts where placements are available?

Mr. CHAMLEE. We have districts that do not have contracts that say that they are not necessary, that they are either receiving gratus from a community agency that is making it available to them, or other than for urinalysis contract.

Mr. HUGHES. There are no districts where the demand for placement exceeds the availability of any services?

Judge TJOFLAT. For those offenders with a drug abuse problem, no.

Mr. HUGHES. In making presentence recommendations, do probation officers recommend specific placements?

Judge TJOFLAT. They recommend the program and not this institution or that one.

Mr. HUGHES. The gentleman from Michigan?

Mr. SAWYER. I have nothing further.

Mr. HUGHES. Thank you very much, Judge.

Gentlemen, I appreciate your testimony. You have been most helpful.

Judge TJOFLAT. We will augment the record with the data that we have when it comes down.

Mr. HUGHES. I would appreciate your expediting that as much as possible, because I would like to schedule a markup on this legislation.

Judge TJOFLAT. Thank you very much.

[The statement of Judge Tjoflat follows:]

PREPARED STATEMENT OF HON. GERALD B. TJOFLAT, FIFTH CIRCUIT COURT OF APPEALS, CHAIRMAN, JUDICIAL CONFERENCE COMMITTEE ON THE ADMINISTRATION OF THE PROBATION SYSTEM

SUMMARY

Judge Tjoflat is testifying as Chairman of the Committee on the Administration of the Probation System of the Judicial Conference of the United States to urge passage of H.R. 3963, a bill to amend the Contract Services for Drug Dependent Federal Offenders Act of 1978, to extend the period for which funds are authorized to be appropriated beyond September 30, 1982. The Committee and the Conference are convinced that the Act provides a valuable and necessary resource for the Probation system.

In the fall of 1978 Congress passed Public Law 95-537, the Contract Services for Drug Dependent Federal Offenders Act of 1978, which transferred from the Federal Bureau of Prisons to the Administrative Office of the United States Courts contract authority to provide aftercare treatment services for drug dependent Federal offenders. This transfer streamlined the delivery of services by consolidating the contracting and funding authority with supervision responsibilities.

The testimony traces the steps taken by the Administrative Office to establish an extensive drug treatment program that provides services for drug dependent Federal offenders including counseling, urinalysis, vocational testing, training and placement, physical examinations, psychological or psychiatric workups and evaluations, psychotherapy, ambulatory detoxification, therapeutic community placement, temporary housing, emergency transportation, and financial assistance and travel by contract staff to visit clients. Treatment services are provided through probation staff, available community resources, contracts, or a combination of the three. In addition, a system of urine collection and testing has been established that provides the courts and the U.S. Parole Commission data on the drug use of persons under supervision. Currently the Administrative Office has awarded 201 treatment contracts in 66 judicial districts which provide treatment in over 500 locations across the country. Drug Aftercare services are provided to nearly 4,300 drug dependent persons of which 2,500 are receiving contract treatment services.

The drug aftercare program is an effective and economical approach to a special supervision problem. It provides urine surveillance and treatment to drug dependent offenders for approximately $1,170 per year in addition to the usual average cost of supervision of $1,200 per year.

To insure continued provision of these necessary services, the Judicial Conference recommends passage of H.R. 3963.

TESTIMONY

Mr. Chairman, I am Gerald B. Tjoflat and I have been a United States Circuit Judge for the Fifth Circuit since December 1975. I served as a United States District Judge for the Middle District of Florida from October 1970 until my appointment to the appellate bench. From June 1968 until October 1970, I was a Judge of the Circuit Court, Fourth Judicial Circuit of Florida. Since January of 1977, I have been a member of the Advisory Corrections Council authorized by 18 U.S.C. 5002.

Since January of 1973, I have been a member of the Committee on the Administration of the Probation System of the Judicial Conference. I was appointed Chairman of that Committee in May of 1978. The Probation Committee was established as a standing committee of the Conference in 1963. It has oversight responsibility for the organization and work of the Federal Probation System and for the formulation and conduct of sentencing institutes for judges and others as authorized by 28 U.S.C. 334.

As Chairman of the Probation Committee of the Judicial Conference of the United States, I appreciate the opportunity to appear before you to urge passage of H.R. 3963, a bill to amend the Contract Services for Drug Dependent Federal Offenders Act of 1978, to extend the period for which funds are authorized to be appropriated. The Probation Committee is convinced that the Act provides a valuable and necessary resource for the Federal Probation System in discharging its supervision responsibilities. On recommendation of the Probation Committee, this legislative proposal was considered and approved by the Judicial Conference of the United States at its March 1981 meeting.

BACKGROUND

Prior to enactment of Title II of the Narcotic Addict Rehabilitation Act of 1966, there was no provision in law for special sentencing or treatment services for drug dependent Federal offenders. NARA provided institutional and aftercare treatment

for only those Federal offenders identified as addicted to narcotic drugs. A series of narrow eligibility criteria in Title II precluded treatment for large numbers of drug abusing offenders. In May 1972, Public Law 92-293 amended the probation and parole laws making probationers, parolees, and mandatory releasees not originally sentenced under Title II eligible for the special aftercase services. This expanded eligibility included not only those using the so-called "hard" narcotics but persons dependent on controlled substances such as barbiturates, amphetamines, hallucinogens, and marijuana. This law not only increased the number of persons under supervision who were placed in aftercare, but also increased the probation officers' involvement with aftercare agencies.

In the fall of 1978, Congress passed Public Law 95-537, the "Contract Services for Drug Dependent Federal Offenders Act of 1978." This law has enabled the Federal Probation System to expand the range, intensity, and quality of services in supervision of drug dependent Federal offenders. It transferred from the Federal Bureau of Prisons to the Administrative Office of the United States Courts contract authority to provide aftercare treatment services. The purpose of this transfer was to eliminate the problems encountered when one Federal agency (Bureau of Prisons) provided the contracting and funding authority and another agency (Federal Probation) provided the supervision of the persons placed in contract aftercare treatment programs. Prior to the transfer, management of the program was, at best, cumbersome with duplication of duties in the Probation System and the Bureau of Prisons. The transfer was recommended by the General Accounting Office in its 1977 review of the Federal Probation System and the 1975 "White Paper on Drug Abuse" issued by the White House Domestic Council Drug Abuse Task Force.

With the passage of Public Law 95-537, the Administrative Office established a drug aftercare task force. This group prepared detailed procedures to be used in providing drug treatment services and finalized procedures to be used by chief probation officers acting as authorized representatives of the Director of the Administrative Office in contracting for drug aftercare. The task force designed contracting procedures to promote fairness, competition, and thorough monitoring of contract services. Training sessions were held for all chief probation officers and drug specialists.

The definition of drug treatment found in 18 U.S.C. 4251 provides the guide for implementing the program. That definition states that treatment ". . . includes but is not limited to medical, educational, social, psychological and vocational services, corrective and preventive guidance and training, and other rehabilitative services designed to protect the public and benefit the addict by eliminating his dependency on addicting drugs or by controlling his dependence and his susceptibility to addiction."Authorized services for drug dependent Federal offenders include counseling, urinalysis, vocational testing, training and placement, physical examinations, psychological or psychiatric workups and evaluations, psychotherapy, ambulatory detoxification, therapeutic community placement, temporary housing, emergency transportation and financial assistance, and travel by contract staff to visit clients. The Probation System, in fulfilling its responsibilities to the United States Courts and the United States Parole Commission, provides treatment services through the use of probation staff, available community resources, contracting, or a combination of the three.

During the first year of operation, the Administrative Office awarded 164 treatment contracts in 67 of the 94 districts. In the remaining districts, drug aftercare services were provided by probation staff and by the use of available community resources at no additional cost to the Government. In fiscal year 1980, $3,471,733 of the $3,500,000 appropriated for the program was obligated to the 164 contracts (including one national urinalysis contract) for expenditure during that fiscal year. The Administrative Office solicited proposals for fixed price contracts in which the Government pays specific prices for specific units of service. This leads to economical management of the contract system and generally lower costs. As a result of careful fiscal management and monitoring of all services, only $2,604,000 was expended during fiscal year 1980.

In June 1980, chief probation officers reported that there were over 4,700 drug dependent persons under supervision receiving various forms of drug treatment, an increase over the preceding years. This increase in drug cases resulted, in part, from improved drug use identification and referral of clients for treatment services.

In preparation for the second year of operation, two training sessions for all chief probation officers and drug specialists were held in April and May of 1980. The contracting procedures were revised to insure that there was fair and adequate competition for the contract awards.

For the current fiscal year the chief probation officers sent presolicitation letters to nearly 1,500 drug treatment programs or individuals. More than 400 Requests for

Proposals were sent to respondents to the presolicitation letters. As a result, over 300 proposals were received and reviewed by the chief probation officers. The chief probation officers held negotiations with offerors and conducted on-site visits to their treatment locations. Proposals were evaluated on the basis of quality of service, price, the business reputation, and the geographic location of the offeror.The chief probation officer then completed a detailed evaluation and report and forwarded all offers to the Administrative Office for review. A three-member review committee reviewed all proposals and made recommendations to the contracting officer. The contracting officer completed an independent review of all proposals and made awards. Two hundred and one treatment contracts in 66 districts have been awarded with treatment services provided in over 500 locations across the country. In the 28 districts that do not have a contract, treatment services are provided by the probation office and available community resources at no additional cost to the Government. To date, the Administrative Office has obligated $3,500,000 to treatment and urinalysis contracts leaving a balance of $145,000 in reserve.

The contracting cycle for the third year of operation (fiscal year 1982) has begun. The cycle extends for approximately 26 weeks beginning with an identification of the needs of each district and a commitment of funds to each district to begin their contracting process. In March 1981, a survey of chief probation officers identified nearly 4,300 drug dependent persons in treatment. Of that amount nearly 2,500 were receiving contract treatment services. The decrease is consistent with the overall reduction in criminal prosecutions.

PROGRAM PHILOSOPHY

This program offers a valuable sentencing alternative to judges. With the availability of these specialized services and the close supervision and urine surveillance provided by the program, courts can reasonably consider probation for offenders who previously would have been committed to a correctional institution because of their dependency problem.

The underlying theme of the program is to protect society and help the offender eliminate his dependency on drugs. Without losing sight of the paramount responsibility to protect the community, probation officers are expected to employ all reasonable program resources in dealing with the dependency problem. Positive urine test results and other indications of continued drug use require immediate intervention by the probation officer. Unless conditions are such that a revocation is unavoidable, alternatives are attempted. For example, if a client is participating in therapy and has developed a pattern of positive urine tests, another modality of increased control, such as a therapeutic community, is attempted.

An offender remains in the program until all of the following criteria have been met:

First, demonstration through urine surveillance of a consecutive 12-month period without abusing drugs.

Second, no convictions for any criminal violations for a 12-month period.

Third, assumption of social and economic responsibilities to the best of his or her ability.

Fourth, no association with persons known to be or suspected of trafficking in or using drugs.

URINALYSIS

Urinalysis is an aid to treatment that enables the probation officer to determine that a person under supervision has refrained from or returned to the use of controlled substances.

A three-phase urine collection program has been established for all drug dependent persons under supervision. The phases have been structured with scheduled and unscheduled urine collections to prevent a person from timing the use of controlled substances to avoid detection.

Collection and testing is accomplished in three stages in accordance with the following minimum guidelines:

PHASE 1.—SIX COLLECTIONS MONTHLY

Traces of some controlled substances will remain in the urine for approximately 72 hours. To insure detection in the early stage of treatment at least six samples per month are collected. This initial stage lasts approximately 6 months. At a minimum, two samples in each month are on a "surprise" basis with no more than a 24-

hour advance notice. If a person is found to have a positive urine sample, more frequent urine collections are required.

PHASE II.—FOUR COLLECTIONS MONTHLY

After a period of approximately 6 months of negative test results the frequency of urine testing may be reduced to a weekly schedule. At least two of these samples a month are unscheduled. If a urine sample is found to be positive, more frequent samples are collected.

PHASE III.—TWO COLLECTIONS MONTHLY

After a period of approximately 3 months of negative test results the frequency of collection is reduced to a biweekly schedule on a "surprise" basis. If a person continues to remain drug free, collection becomes less frequent at the discretion of the probation officer and the aftercare agency.

URINALYSIS CONTRACT

In July 1980, Request for Proposals for the urinalysis contract were sent to 89 laboratories across the country. The list of recipients was made up of laboratories that received offers in the previous solicitation and included all reference laboratories used by the Center for Disease Control in their proficiency testing program. Nine proposals were received. Four laboratories were eliminated leaving five in the final competition for the contract award. Two onsite evaluation teams were created utilizing two U.S. probation officers with experience in the field of urinalysis and drug treatment and two toxicologists from the Center for Disease Control.

Following the award, a monitoring program was established. The monitoring program utilizes blind testing in which previously tested specimens prepared by the Center for Disease Control are sent to the laboratory and includes on-site visits by representatives of the Administrative Office. The Center for Disease Control has provided test specimens and technical assistance for preaward reviews and contract monitoring. As a fiscal control, all urine tests are billed to the district which submitted the specimen. The chief probation officer certifies that the tests were requested and conducted.

Earlier this year the monitoring system detected deficiencies in the incumbent contractor's performance. The Administrative Office terminated that contract and awarded a new contract for the balance of fiscal year 1981.

MONITORING

All treatment contracts are monitored at least three times during the contract year. Monitoring consists of an on-site visit to the contract location by the chief probation officer or his designee and completion of a monitoring checklist. Drug aftercare clients and contract staff are interviewed during the onsite visit. Following the visit, the chief probation officer prepares a summary of the visit that sets forth an evaluation and cites any deficiencies in the contractor's performance. The report is sent to the contractor with a copy to the Administrative Office for review. Administrative Office staff follows up on reported problems

In addition to the formal monitoring program, routine billing and review systems have been established to insure fiscal responsibility. No contract treatment service can be provided unless it is ordered by the probation officer as part of a program plan. Special invoices require the contractor to list each service provided by name and date the service was provided. A Monthly Treatment Report form accompanying each invoice lists all contacts with the client and summarizes the progress in the client's treatment. The Monthly Treatment Reports are matched against the program plans to insure that billed services were ordered. The chief probation officer then certifies the invoice and forwards it to the Administrative Office for review and approval. These procedures insure that the contractor is providing competent service in accordance with the contract.

EVALUATION

The Administrative Office is working with the Federal Judicial Center to develop an indepth evaluation of the drug aftercare program. Until the evaluation is complete, a full range of data about the program is not available.

The Pretrial Services Branch of the Probation Division has been collecting extensive data on criminal defendants interviewed in the ten pretrial services demonstration districts authorized by Title II of the Speedy Trial Act of 1974. The data also include information from six additional districts that have conducted limited pretrial services functions on a voluntary basis. The data base consists of information on 45,114 defendants interviewed between February 1976 and March 1981. Although

it is not a truly representative sample, it does represent approximately 20 percent of the defendants prosecuted in the Federal courts during that period of time.

The data indicate that 11.1 percent of all defendants admitted opiate addiction within the past 2 years, 1.6 percent admitted opiate use but not addiction at the time of the arrest, and 5.8 percent admitted abuse of non-opiate drugs only within the past 2 years. A total of 18.5 percent of all defendants admitted current or recent (within 2 years) drug abuse problems.

The following table reflects the percentage of defendants by offense charged and the percent of defendants in each offense category by type of drug abuse.

DRUG ABUSE BY OFFENSE CATEGORY

	Number and percent of total		Abused nonopiates within past 2 years		Addicted to opiates in past 2 years		Using opiates at arrest but not addicted	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Homicide	62	0.1	4	6.5	2	3.2	0	0
Robbery	3,068	6.8	262	8.5	890	29.0	52	1.7
Assault	518	1.1	27	5.2	40	7.7	8	1.5
Burglary	116	.3	11	9.5	26	22.4	1	.9
Larceny and theft	5,491	12.2	266	4.8	935	17.0	77	1.4
Embezzlement and fraud	10,248	22.7	213	2.8	437	4.3	184	1.8
Auto theft	1,039	2.3	97	9.3	66	6.4	9	.9
Forgery and counterfeit	6,054	13.4	303	5.0	976	16.1	67	1.1
Sex offense	53	.1	3	5.7	0	0	1	1.9
Narcotics	9,623	21.3	999	10.4	1,186	12.3	133	1.4
Miscellaneous general [1]	2,618	5.8	137	5.2	92	3.5	46	1.8
Kidnaping	264	.6	28	10.6	24	9.1	6	2.3
Weapons	2,347	5.2	145	6.2	154	6.6	45	1.9
Miscellaneous other [2]	166	.4	8	4.8	5	3.0	4	2.4
Immigration	833	1.8	16	1.9	27	3.2	23	2.8
Liquor	84	.2	1	1.2	0	0	2	2.4
Federal statutes [3]	2,530	5.6	107	4.2	129	5.1	47	1.9
Total	45,114	100.0	2,627	5.8	4,989	11.1	705	1.6

[1] Miscellaneous general—Bribery; gambling; prostitution; aiding and abetting; perjury; etc.
[2] Miscellaneous other—Destruction of property; arson; etc.
[3] Federal statutes—Agriculture; etc.

These data reflect that the problem of drug abuse cuts across all offense categories regardless of the perceived seriousness of the offense. However, it is higher in some offenses than others. The data reflect a general decline over the past several years in the percentage of total defendants with recent drug abuse problems at the time of arrest. In our opinion, this is an effect of the change in prosecution policies that occurred during the previous administration. Any future change in prosecution policy that focuses attention on "street crime" would result in an increase in drug abusing offenders.

A definitive statement of outcome on the various forms of drug treatment will have to await the evaluation that the Administrative Office and the Federal Judicial Center have initiated. Lacking that definitive statement, probation officers have been asked to conduct a survey of all drug treatment cases that were removed from supervision during the period July 1, 1980 to June 30, 1981. The report of the survey, which will be supplied for the record, will reflect the percentage of cases closed successfully and the percentage of cases closed as a result of violation of the conditions of release.

The following table reflects the number of persons receiving drug treatment services, by category of service (contract/noncontract), from 1978 to 1981 with a projection for 1982. The projections are based on a survey of all chief probation officers conducted in April 1981. The projections do not anticipate changes in Federal funding available to support community treatment programs that are currently providing services at no additional cost to the Government or, in some instances, at a reduced contract rate. If the availability of Federal funds is sharply curtailed, many of the persons receiving noncontract services would have to be moved to a contracting agency.

PERSONS IN DRUG AFTERCARE TREATMENT

	March 1978	June 1979[1]	June 1980	March 1981	Projected 1982
Total persons in treatment	4,505	(2)	4,784	4,279	5,272
Contract	2,688	2,626	2,881	2,486	2,951
Noncontract	1,816	(2)	1,903	1,793	2,321

[1] Bureau of Prisons figures prior to Public Law 95-537.
[2] Unknown.

PROGRAM COSTS

It is far more economical, and many say more effective, to treat the dependency problem in the community rather than in the artificial environment of an institution. In testimony before the Subcommittee earlier this year regarding pretrial services legislation, we cited the average cost of imprisonment as high as $16,000 per year versus the average cost of pretrial supervision and probation or parole supervision at $1,200 per year. The increased cost of participation in the aftercare program is approximately $1,170 per year ($1,055 for contract treatment and $115 for urinalysis).

The following table reflects an analysis of costs for the current fiscal year. The appropriation for this year is $3,645,000. At the current rate of expenditure, a balance will remain at the end of the year. The appropriation request for 1982 is $3,750,000, an increase which should meet the cost of inflation. However, the request does not anticipate any change in Federal funding of local treatment agencies that could impact on the cost of this program.

DRUG AFTERCARE, FISCAL YEAR 1981 COST ANALYSIS

	Obligations	Expenditures thru April 1981	Projected expenditures
Treatment	$3,033,400	$1,530,406	$2,623,000
Urinalysis	460,285	285,870	490,000
Total	3,493,685	1,816,276	3,113,000

Projected cost of supervision per client (contract)

General supervision costs per year per client	$1,200
Treatment by contract services	1,055
Urinalysis costs	115
Total	2,370

SUGGESTED CHANGES

Public Law 95-537 authorized funding in specific amounts for 3 years: 1980, 1981, and 1982. Bill H.R. 3963 extends indefinitely the periods for which funds are authorized to be appropriated and leaves the specific amount to the appropriation process.

The authorization of Public Law 95-537 limits the maximum amount that can be appropriated. If the Probation System were to receive an increase in the number of drug dependent offenders, we would be unable to provide adequate drug aftercare services. The Judiciary could not seek a supplemental appropriation to resolve this problem. Also, the present authorization expires at the end of fiscal year 1982. If, for any reason, an authorization bill for 1983 is not enacted and signed into law by September 30, 1982, we would be required to terminate all drug aftercare treatment at that time. Because of the seriousness of this aspect alone, indefinite authorization should be approved for this program.

Experience has demonstrated the need to monitor the urinalysis contract. This requires the use of technical consultants with expertise in toxicology. Toxicologists assist the Administrative Office in the preparation of the requirements for the urinalysis contract. They are familiar with the latest developments in the field of detection of drugs in urine samples and accompany our personnel during the on-site

visits to determine each laboratory's capacity to fulfill the contract requirements. The toxicologists provide the Administrative Office with blind test samples containing known quantities of drugs for use in determining whether the laboratory is performing at the prescribed level of proficiency during the life of the contract.

There are no Administrative Office personnel with expertise in toxicology. At present the Administrative Office is receiving such services from the Center for Disease Control on a trial basis at no additional cost to the Government. Because of the scope of this work it is unreasonable to expect that we can continue to obtain these services gratis. We would like the record to show that Congress recognizes our need to reimburse consultants for services of this kind.

CONCLUSION

Authorization for appropriations under Public Law 95-537 ends on September 30, 1982. The drug aftercare program has proven to be a valuable asset to the courts, the Parole Commission, and the community at large. Close monitoring of contract services has provided economical management of the program at a cost savings to the Government. On behalf of the Judicial Conference of the United States, I recommend that the drug aftercare program be continued and that H.R. 3963 be approved.

Mr. HUGHES. Our next witness is Richard T. Mulcrone, the Regional Commissioner for the U.S. Parole Commission for the North Central Region.

Mr. Mulcrone has 25 years experience in every aspect of the criminal justice system. He started as a police officer and street gang worker in St. Paul, Minn., and worked as a probation officer for the State of Minnesota. Later Mr. Mulcrone was a juvenile court referee and a court administrator. For 5 years, he served as the chairman of Minnesota Corrections Authority, and as one of the administrators responsible for the corrections operation. Mr. Mulcrone has also been an instructor in drug abuse treatment.

Mr. Mulcrone, on behalf of the subcommittee, welcome. We have read your statement and without objection, it shall be made a part of the record. Please proceed with a summary of your written statement.

TESTIMONY OF HON. RICHARD T. MULCRONE, REGIONAL COMMISSIONER, NORTH CENTRAL REGION, U.S. PAROLE COMMISSION, KANSAS CITY, MO.

Mr. MULCRONE. I appreciate the opportunity to again have the opportunity to appear before the committee. When I was chairman of the State Corrections Board in Minnesota, you were kind enough to invite me in to talk about the Criminal Code at that time, and I appreciate the opportunity to be back again.

Much of what I have prepared is information that you have discussed with the other gentleman who already testified, but I would like to highlight a few things for you. I will be glad to respond to questions from the committee.

I will not presume on your time or labor to convince you of the problem of narcotics in this country, nor the relationship of that problem to crime.

It seems to me one cannot pick up any evening paper, or turn on the television set, or look at any court docket, or talk to any prosecutor without being keenly aware of the problem of crime and its relationships to drugs. I was again reminded of that last night in looking at the Washington Star. It talks about a burglar who claimed responsibility for 3,000 burglaries. The article talks about

his having turned to burglary because of a drug habit that was costing him between $400 and $800 a day, which means that every single day that he had that habit he had to steal somewhere around 3,200 dollars worth of something.

There really can't be much doubt about the problem between drug abuse and crime, and it seems to me that that relationship then points out how important the tool is that you provided for us, both in probation and in parole, with the Contract Services Act. I think that the way it has been amended previously has been very helpful, that is, in 1972 when you extended it to cover all Federal offenders, probationary and mandatory releases, and again in 1978 when you made the management change from the Bureau of Prisons to the Administrative Office of the Courts.

The U.S. Parole Commission does have a few suggestions for how the act might be amended to cover some other areas that we think are important. My formal statement expands on the reasons for the recommendations. But very briefly, our recommendations are these: (1) we would like to have you expand the definition of the drug dependent person to include the alcoholic; (2) expand it to the wards of the pretrial diversion program. These people are now committed to the program primarily by mutual agreement as opposed to statutorily being eligible; (3) that you would provide sufficient funding for residential inpatient care and treatment and (4) encourage the use of the residential treatment program over the return to prisons, especially in terms of the parole violator.

There is a mental-set in the past that has said, if you violate parole by a return to drugs, you go back to the deepest bowels of the prison and begin to work your way out again. That is a costly use of scarce resources. We believe that the use of community residential treatment programs would be just as effective and far less costly to the taxpayer.

Finally, that the U.S. Parole Commission would respectfully recommend that the Congress emphasize the importance of the fail-safe method in monitoring laboratory reports and urine specimens because of the consequences that flow from misreporting of those two conditions, either misreporting of the *user* as being a *nonuser* which allows that parole to continue to use and most likely be back in crime. And perhaps more importantly, the individual who is misreported as being a user when he's not because he ends up being revoked from his parole or probation status.

The bottom line of all of this is that we would join with the administrative office of the courts and the Probation Committee of the Federal Judiciary in urging the continuation and full funding for the Contract Services Act, because it is an important tool for those of us who have the responsibility of releasing people who have both been convicted of crimes and who have drug histories.

Mr. HUGHES. Thank you.

Mr. Sawyer, the gentleman from Michigan, is recognized.

Mr. SAWYER. I am somewhat curious again. Why you are so sold on these contract services, when the noncontract services seem to do so much better in both parole and probation cases. Apparently, they don't cost any money as far as the Federal Government is concerned. If it is both free and better, why don't you limit it that approach?

Mr. MULCRONE. The free part will be changing rather quickly, Mr. Sawyer. Obviously, grant money will become scarce—noncontract facilities have been funded in the past by LEAA money, NIDA money. By a loss of Federal grants that come into the States and as those moneys dry up in the States, my guess is that the facilities are also going to dry up and not be as available to the Federal sector as they had been in the past.

Another thing that must be kept in mind I—at least from our standpoint now with the administrative office of the courts having taken over this program in the last 12 to 18 months—is that there is a lot we don't know about success rates yet, and they are evaluating closely who is succeeding and failing and perhaps trying to find out why that is happening; not so we can abandon the program but to tighten it up and emphasize the success part of the program.

Mr. SAWYER. Do you have any view as to what the successes of these are in heroin cases, for example?

Mr. MULCRONE. The Bureau of Prisons keep statistics on the opiate users, and they tell me that the general population on parole succeeds at about a 78-percent rate. The opiate user is succeeding at about a 64-percent rate, so is failing 14 percent greater than the nondrug abuser or at least the nonopiate abuser.

Mr. SAWYER. That would include heroin?

Mr. MULCRONE. Yes; heroin would be the primary opiate drug.

Mr. SAWYER. I guess that is all I have, Mr. Chairman.

Mr. HUGHES. Thank you, Mr. Chairman.

Chapter 314 of title 18 provides that eligible offenders under the Narcotics Addict Rehabilitation Act are excluded as offenders, excludes for treatment under the act offenders that are convicted of a violent crime. Do you have any comment on that aspect of eligibility?

Mr. MULCRONE. The treatment should be provided to everybody regardless of what kind of crime they have committed. I just think, the a more persuasive argument could be made for why you would want to provide the greatest access to treatment for individuals who have been convicted of violent crimes as opposed to property crime. The opiate offender is not nearly as violent as is a property criminal. He is generally out to get money and he is burglarizing more often than he is sticking places up. I would like to see the act cover all people.

Mr. HUGHES. From your background, you have been obviously involved in law enforcement for about 25 years, have you found that there is such a thing as an addictive personality?

Mr. MULCRONE. I am not sure what that means and the committee must wrestle with that, too, or they wouldn't ask the question.

I think that there are people who for a variety of reasons seek the escape of drugs to improve their comfort level. If that results in being an addictive personality, then we perhaps have millions of those in the United States, and I don't have to go through that line of social inequities that may contribute to that kind of a hideout mentality. Whether or not there is a personality-type that chooses drugs as its escape as opposed to other kinds of escape, I just don't know.

Mr. HUGHES. Whatever we call that predisposition, you found that there is a direct relationship in individuals so predisposed to the commission of crime?

Mr. MULCRONE. I think that I have already alluded to the fact that I think a great amount of crime is the direct result of the use of narcotics, and that those people really fall into a couple of categories. There is a personality that has become addicted to narcotics, it was a lawless personality before it became addicted, and if you stop its drugs use, all you have is a nonusing crook back to being clearheaded, but still probably prone to unlawful acts.

On the other hand, we had the drug explosion of the 1960's, and the Vietnam experience where there was a tremendous amount of free and cheap opiates dumped on the people that were over in Asia, in the Far East, and it seems to me that those are people that perhaps were not predisposed and not involved in crime, and if you can stop these drug use, that you can impact significantly on the crime rate.

Mr. HUGHES. When dealing with drug dependent offenders, what is the most valuable function of a probation or parole officer, the most valuable function he can afford that individual?

Mr. MULCRONE. It takes a lot of different avenues. I see the role primarily being that of a broker of services, one who is able to both evaluate the needs of his client, and then at the same time know the community well enough to know where the experts are, to be able to gain access to programs that are available in the community, and can move his client to the program that most effectively deal with the problems that the man has.

In addition to that, the probation officer can serve several roles, one of which is the surveillance role which can be beneficial to a person who is feeling weak and who has started to backslide and get back into drugs, just knowing that somebody is around performing the surveillance responsibility can have a strengthening factor to it.

I think that also the probation officer has a role to be supportive, to try to encourage progress where he sees it, and perhaps be the cheerleader realistically and try to encourage people who are trying to make positive turnabouts in their lives to continue on that path. He can also provide some very real, tangible assistance, like job placement, school placements, job skill placements, et cetera.

Mr. HUGHES. As we cut back on budgets across the board, that means fewer and fewer trips by the probation officer or parole officer into the field, fewer to administer that service.

How important is it that that presence be sustained, and particularly during the first year of probation and parole?

Mr. MULCRONE. It has long been held that the period of time that is most crucial to a parolee and probationer is the first 90 days, 120, 180 days, and that as you get an individual out past that period of time, the greater his chance of succeeding and staying crime free during the supervision period becomes. So I would, given the choice that you give me, I would say that I would opt for as intensive supervision very quickly as I could get, a handing off of some of the functions to other responsible people in the communi-

ty, and then a lessening of that direct service as soon as you get him anchored somewhere in the community.

Mr. HUGHES. You mentioned in response to one of my colleague's inquiries, that some of the funding has come in the past from LEAA and some from the National Institute of Drug Abuse.

What is the impact of that funding? Have you looked at it in the fiscal year 1982 budget?

Mr. MULCRONE. No; I really have not. I have a "belly button" feel that suggests that dollars are going to be very hard to come by in the States, and that as I hear some of the talk around my region, I am impressed by the fact that the States are already having problems picking up some of the dollars that are missing, and some of the first things to go would be the social kinds of programs.

Mr. HUGHES. I have examined your recommendations very carefully, and we thank you for it. One of them is you expand the definition of a drug dependent person to include the alcoholic. Would that require a different type of testing?

Mr. MULCRONE. I am not sure, I think not. You are asking me would alcohol turn up in the urinalysis; certainly it will. That is no problem. Right now I see reports of individuals whose urinalysis is supporting the use of alcohol, so I don't think that there would be——

Mr. HUGHES. Does it requires a special screening?

Mr. MULCRONE. That might be.

Mr. SAWYER. It is my understanding that alcohol goes out of the system much more quickly, at the rate of about 1 ounce an hour. I am not an expert on this, but for what it is worth, those are the figures used in connection with police arrests for drunken driving, using either blood, breath or urine tests. They figure that the body gets rid of approximately 1 ounce of alcohol per hour, depending on the size of the individual. It seems to me that unless a person was continually drinking there wouldn't be much you could find out after 24 or 48 hours.

Mr. MULCRONE. If you are dealing with a true alcoholic personality, he's not having an ounce and a half and forgetting about it but staying fairly well saturated. There are much less expensive screening processes, for example, that are already in use in police agencies—the Breathalyzer and some of those kinds of analyses that are already being used in the Bureau of Prison facilities—so that I don't think the screening is much of a serious problem.

Mr. HUGHES. I also appreciate some of your other recommendations. One of them is that the eligibility under the act be extended to pretrial release.

Mr. MULCRONE. In trying to do some research for information about—when I was invited to be here, I was surprised to find out, for instance, people on appeal bond are eligible for the program, because that occurs after conviction, but people who are on diversion are not. In my paper I said those are the crucial months when you initially identify the offender he has initially had the shock of arrest, been incarcerated briefly, and now you have his attention. To then simply divert him and let him out, I think, is a mistake unless you can get him into services and programs. I think you pointed out that defense attorneys will very quickly try to get their

client into some kind of treatment facility so that they can get the best record before the man is back in court, and I think that we should help them. If we can dry up a guy and get his drug use under control and provide those important services, both before trial, he will be able to participate better in his trial and give the court much more confidence going into a decision about sentencing, if they knew that the man had been in treatment for several months.

Mr. HUGHES. Thank you. I also have noted your recommendation relative to providing sufficient funding for residential inpatient care and treatment programs, and I think it is an excellent recommendation. But I think in the present climate that is extremely optimistic. If we can see this program extended, and included those areas that should be included, we'll be for that.

I was just thinking the armed services bill is up today and that is where all the money is.

Mr. MULCRONE. It seems to me that we often get involved in false economies, however, and one of the false economies is that prison is free. We simply can't keep sending people to prison without eventually that being an extraordinary amount of money. The Dole bill for prison construction has something like a $5 or $6 billion price tag. That simply is warehousing. Since 1974 in this Nation we have locked up more people than ever before in the history of the country. If there was a relationship between locking people up and solving crime, we should have started making that impact somewhere along the line. The more we locked up in the last 6 years, the more we watch crime rates going out of sight. That is a false economy, and I would argue that people need help in both directions, coming out of prison and in the support of coming back into a normal life in the community. And they need help if in fact they have violated and they are headed back towards prison, and they should have some kind of a facility that meets them halfway back in order to provide services that might keep them from going to prison.

The Federal prison bed today costs like $35.93 a day. You can get extraordinarily good community services for $20 a day, and that is good, intelligent economy.

Mr. HUGHES. The gentleman from Michigan, Mr. Sawyer.

Mr. SAWYER. I agree with you on the figures which suggest that prison does not seem to have a substantial impact on the crime problem, but about the same thing is true with respect to all the social programs, too. We have been throwing a horrendously increasing percent of money at these problems. Neither that approach nor the prison approach seem to have had much impact and it is frustrating. We have done some polls in my district, and strangely enough, the principal people blamed by the public for the increase in crime are judges, and by a very significant percent. I have talked to other Congressmen who have done polling and their results are quite similar, if not identical.

Their view is that the judges are too lenient for not putting more people in prison. Yet, not too long ago, we had a public referendum in Michigan on a rather modest separate tax to build more prison facilities and it was resoundingly defeated by approximately a two-to-one margin. On the other hand, as you may have noticed, we were the scene of several major prison riots, namely in Jackson

and Marquette, because of overcrowding. It is hard to know which way to go. The public will not willingly put up money to buy more prisons, the judges don't put them in jail, and riots are occurring. Thank you.

Mr. HUGHES. I thank the gentleman, and I find, too, that people do want to build more prisons, but in somebody else's area, and they don't want to pay for them in that area or any other area.

It is a problem. I also find that one of the mistakes we make every time we talk about social programs, is that we anticipate too much from them, just like we anticipated too much from LEAA and as a result there was a great deal of underperformance. It was to have been the cure-all for crime in this country.

There were a lot of successes, and it had an impact, just like many of the social programs, and I would presume you would include programs like alcohol and drug treatment programs as social programs. Without them, I would have to presume that the crime rate and human suffering would have been even greater than it is today.

Mr. MULCRONE. You know, LEAA money—it is in vogue to kick that around, today. It was experimental money to see if a new approach might work. It impacted on literally every phase of the criminal justice system, some with varying degrees of success. I was on the Crime Commission in Minnesota and it gave away something like $8 to $14 million a year, and I used to think that, as I walked down streets, there should be hosannas sung to me, because I gave away money. The fact of the matter is people hated me, because I didn't give them enough money. Money alone won't solve our problems. There was a wide variety of experimentation in each of the segments of the criminal justice system. In the court system some fine, fine data processing systems came out of that money. Some of the speedy trial experimentation came out of LEAA money, and there were some failures in law enforcement, everything from take-home squad cars to every little town having riot hats and batons, and you wonder how successful all that was, but it was experimental money to try to make some improvement in the system. It deserved to be tested.

The final conclusion is, there were some great successes and some terrible failures.

Mr. SAWYER. Just as you used the statistics of vastly increasing imprisonments having a reverse relationship to crime increases, those of us who attempt to defend LEAA have exactly the same problems thrown at us. The $8 billion was spent, yet there is a tremendously accelerated rate of crime. You could assert that a lot of things have been no good because of the increasing crime rate. You feel somewhat sympathetic, as I do, toward LEAA, and you apparently have a concern about the effectiveness of prison. You use the statistics like other people over on the floor will use them against the effectiveness of LEAA.

I make that observation, because that is a problem we have, too.

Mr. HUGHES. All the time.

Commissioner, I suspect that the bottom line is that the urinalysis, after-care program has been successful, saved money, reduced the crime rate, provided some additional control mechanisms for additional processes and identified those that are comporting with

the conditions of probation or parole, and you recommend it be continued.

Mr. MULCRONE. I am not sure that it necessarily reduces crime, but what I did say was that the program is—one of its cornerstones is the testing process. It is one of those early intervention things where it lets us know quickly people who are reverting to drug use, and betters our chances of stopping the client from getting back into drugs and, second, to bring a halt to further crime by that person.

Mr. HUGHES. Thank you.

Thank you so much, sir.

[The statement of Mr. Mulcrone follows:]

TESTIMONY OF R. T. MULCRONE, COMMISSIONER, U.S. PAROLE COMMISSION

EXECUTIVE SUMMARY

Since 1972, the aftercare provisions of Title II Narcotic Addict Rehabilitation Act of 1966, have been extended to probationers, parolees, and mandatory releasees.

The United States Parole Commission has statutory responsibilities over parolees and mandatory releasees.

Until 1980, the aftercare program was administered by the Bureau of Prisons. The Contract Service Act of 1979 transferred administrative control from Bureau of Prisons to Administrative Office of the Courts. The day-to-day administration became the responsibility of the United States Probation Service.

United States Probation Officers work under the direction of the United States Parole Commission in the supervision of parolees and mandatory releasees.

The 1978 Contract Services law has resulted in smoother administration of the drug aftercare programs, provided closer supervision of both program content and participation, and eliminated the problems of fiscal and program administration by one agency and supervision of participation by another.

The United States Parole Commission is pleased with the United States Probation Service's administration of the Act and with the services provided to those under our jurisdiction.

The United States Parole Commission respectfully recommends that the Congress consider these amendments:

Expanding the definition of drug dependent person to include the alcoholic.

Expand eligibility under the Act to those in pretrial diversion.

Provide sufficient funding for residential inpatient care and treatment.

Encourage the use of residential community treatment programs over return to prison.

The United States Parole Commission respectfully recommends that Congress emphasize the importance of a fail/safe method of monitoring laboratory reports on urine specimens.

The United States Parole Commission commends the Administrative Office of the Courts and the United States Probation Service for their service to the United States Parole Commission and the fine cooperation extended to us in this and other matters.

The United States Parole Commission commends the thoughtful and diligent effort which the Congress is making in meeting the problems of the drug and alcohol addicted personality and expresses its appreciation to Congress for having given us this important tool to fulfill our mission.

I. INTRODUCTION

My name is Richard T. Mulcrone. I was appointed by the President to the United States Parole Commission on October 5, 1978, and since that time have had primary responsibility for the administration of the North Central Regional Office of the Commission headquartered in Kansas City, Missouri.

For 5 years immediately preceding my appointment to the Commission, I chaired the Minnesota Corrections Board where, as one of the administrators of the $31 million corrections budget, I was intimately involved with delivery of institutional and community drug care programing.

I have spent the past 25 years in the administration of the criminal justice system at every level of government in both the public and private sector. I have served as

a police officer, a street gang worker, a probation officer, a court services director, a family court referee, and as a county court administrator. From each of these vantage points, I have observed the devastating effects of drug abuse on our youth, its relationship to crime, the costly loss of economic resources to our society, and the personal tragedy which accrues to the abuser, his family and friends.

In preparation for this presentation, I solicited the views of other United States Parole Commissioners and research staff. While the words and phraseology are mine, the ideas are a compendium of the experiences of my colleagues on the U.S. Parole Commission.

II. OVERVIEW

Individuals with drug addiction problems who have been involved in criminal behavior are often in the community either through diversion, probation, or parole. Public safety dictates that those individuals be provided maximum supervision to minimize the possibility of continuing criminal victimization of our citizens through continuing drug use, necessitating ongoing criminal activity for money to support those drug habits.

Since 1966, supervision of drug-dependent offenders in the community has been authorized by the Congress through the provisions of the Narcotic Addict Rehabilitation Act, 1966 (18 USC 4255), following conviction or subsequent to a grant of parole. These services are wide-ranged and include counselling, vocational guidance, education and training, job placement, skill testing, psychological evaluation, psychotherapy, detoxification, temporary housing, residence in a community treatment center, and emergency financial assistance. A 1972 amendment extended aftercare eligibility to probationers, parolees, and mandatory releasees while, at the same time expanding eligibility to those dependent on the controlled substances of barbiturates, amphetamines, hallucinogens, and marijuana.

Between 1966 and 1980, responsibility for the administration of the Contract Services for drug-dependent federal offenders was vested in the Bureau of Prisons. Since 1980, administration of the Act has been vested in the Administrative Office of the Courts and actually administered in practice from the offices of the United States Probation Service located in the communities of this nation.

It is my understanding that the purpose of these hearings on this subject by this subcommittee are threefold:

1. To evaluate the effectiveness of the services being provided under the Act by the United States Probation Service.

2. To determine the appropriate funding level for the continuation of these important services.

3. To determine the need for amendments to the substantive law to better provide services to probationers, parolees, and mandatory releasees which will hold greater probability of protecting the public and rehabilitating those who have been mired in drug abuse.

III. COMMENTARY

My comments will be primarily directed at the relationship of the United States Parole Commission and the United States Probation Service in the latter's responsibility to supervise parolees and mandatory releasees under the provisions of the Parole Commission and Reorganization Act of 1976. Responsibility for determining those inmates who will need drug aftercare assistance when paroled or mandatorily released is vested in the United States Parole Commission by 18 USC 4209(c)(2) and by 28 CFR 2.40(d). It is from that authority and my observations of the United States Probation Officers carrying out their responsibility that the opinions, conclusions and recommendations of this presentation are drawn.

It is the belief of the United States Parole Commission that the 1972 and 1978 amendments to the Narcotic Addict Rehabilitation Act were prudent and reasonable changes. It was reasonable to extend drug aftercare to the probationers, parolees, and mandatory releasees. It was equally important to extend eligibility to the so-called "soft" drug abuser. Finally, we believe it was an important management change which switched responsibility for administration of the Act from the Bureau of Prisons to the United States Probation Service.

Probation officers are strategically located throughout the country. They have close and continuing contact with enforcement, prosecutorial, and judicial officials. Through these contacts, they gain early knowledge of problems within the community concerning the distribution of drugs and who is abusing them. Surveillance is an important element of probation and parole supervision. The United States Proba-

tion Office uses this knowledge to increase supervision, either in the community or through appropriate custodial facilities.

Probation officers know their communities. They know the programs that are available for drug treatment, and they know which program may be the most effective for their client.

It is the United States Parole Commission's belief that the United States Probation Officers are doing an effective job of carrying out the mandate of this Act.

The cornerstones of the Act are urinalysis and counseling. The United States Probation Officers are doing an excellent job monitoring the drug abuse of their clients through urine surveillance. Collecting urine samples is not very glamorous work, and the United States Probation Officers who are highly trained professionals are not pleased with that duty.

However, in the opinion of the United States Parole Commission, the probation officers recognize the importance of the function and faithfully carry out that responsibility. While some problems did surface regarding the accuracy of the urinalysis laboratory's reports, it is significant to us that the United States Probation Service discovered these problems itself and moved quickly to correct them.

Counselling in its many varied forms is a more difficult assignment. The United States Probation Officer cannot be all things to all people. He is therefore at his best when he recognizes this and brokers services to his client through other social service delivery systems. This is especially true in dealing with the needs of the drug-dependent personality. While many of the drug addict's problems parallel those of the mainstream society, (i.e., employment, education, skill training, vocational needs), other of his needs may be highly specialized and require the assistance of those with training not usually found in probation officers' backgrounds, (i.e., psychotherapy, medical, addiction counselling, detoxification, psychological services, psychiatry, financial counselling, domestic relations assistance, and a host of other needs). The Contract Services Act provides the United States Probation Service with the resources to meet these varying needs of the clients.

IV. RECOMMENDATIONS

1. The definition of drug-dependent persons should be expanded to include the alcoholic.

Rationale.—It is well settled among most authorities that the alcoholic suffers from all the same addictive symptoms that plague the drug offender. From a criminal behavior standpoint, we see alcohol at the base of many crimes. The alcoholic has similar needs as the drug-dependent personality insofar as counselling, psychological/psychiatric intervention, job skill training, education, temporary housing, financial assistance, and residential inpatient treatment.

2. The provisions of the Contract Services for Drug-Dependent Federal Offenders Act should expanded to those persons under the jurisdiction of the pretrial diversion program.

Rationale.—Often many months pass between apprehension, trial, and conviction. For the drug offender, these are months in which intervention is crucial. At the very least, a knowledgeable waiver ought to allow access to the services of the Contract Services Act.

3. The Act should provide funds for both drug and chemical dependency counselling and fiscal management training for line staff probation officers.

Rationale.—United States Probation Officers assigned as Drug Aftercare Officers responsible for developing service contracts do not usually possess the training or skills necessary to develop contracts and to monitor fiscal procedures. At least some rudimentary knowledge of these subjects is essential to assure best use of tax dollars and to provide full program content to the drug offender. To that same extent, line probation officers responsible for supervising drug offenders need on-going and specialized training in chemical dependency counselling and special supervision needs of the addicted personality.

4. The Act should be amended to encourage the use of residential community treatment programs over institutionalization in a federal prison.

Rationale.—Full security prisons represent our most costly correctional resources. Per capita costs of the federal prison system have almost doubled in 5 years and stand now at $35.93 a day. Prison beds are full even in the federal system and should be reserved for our dangerous and violent or for our professional and habitual offenders. Drug abusers in need of closer control than probation or parole supervision can deliver, should, whenever possible, be contained in community treatment residential programs which usually have per diem costs in the range of $20 to $30.

5. An ongoing fail/safe method or monitoring laboratory reports on urine specimens should be developed by the Administrative Office of the Courts.

Rationale.—The urine surveillance program has important consequences. It is essential that the results be accurate and quickly reported. It is a costly part of the program, with a projected expenditure of $490,000 in this fiscal year. But more important are the negative consequences for society and individuals when results are inaccurately reported. For those who are falsely reported as "free from narcotics", but who are, in fact, using drugs, society is likely to be victimized anew since reversion to drug use often brings about a concomitant return to crime. An even greater consequence befalls the individual who is in reality "free of drugs", but is reported as a user. That individual faces probation or parole revocation, and the possibility of incarceration as a result of the improperly analyzed specimen.

During its first 2 years, the Administrative Office of the Courts has utilized the services of three laboratories. The first two have had difficulties. The Administrative Office has quickly responded by contracting with a new service provider in order to bring about the highest level of credibility for the urine surveillance program.

V. CONCLUSIONS

After careful study of the "Contract Service Act"; an analysis of the legislative history, and after conferring telephonically with my Commission colleagues in the Regional Offices, it is our belief that the United States Probation Service has done an excellent job in fulfilling the letter and spirit of the "Contract Services Act." We strongly urge the Congress to again fund the Act at a level that will not only continue the services of the past two years, but will allow for the expanded service to the alcoholic, to those in Pre-Trial Diversion, and for expanded use of residential drug and alcohol treatment facilities.

There is little doubt in the minds of the knowledgeable professional about the relationship between drugs, alcohol and crime. If we can impact on drug abuse, we can surely impact on the crime rate. While it is true that many drug abusers were involved in crime before their drug abuse problems, there are countless others who fell victim to drug use during the drug experimentation explosion of the Sixties, and during the Vietnam experience. Still more are seeking the escape of drugs to hide from the devastating effects of domestic strife, poverty, racism and other social problems that contribute to alienation. It is with these three groups that our efforts, if successful, might significantly impact on the crime rate.

The Congress is to be commended for its thoughtful deliberation of this issue and for its diligent search for answers to the problems of crime and the drug-dependent personality.

On behalf of the United States Parole Commission, I express our appreciation for your having solicited our views. From my personal position, let me thank you for the privilege and honor of once again appearing before your Committee.

Mr. HUGHES. Our next witnesses, who have been asked to sit as a panel, are James Pace, the Chief U.S. Probation Officer for the District of Columbia and Richard Carlson, the Substance Abuse Coordinator for the U.S. Probation Office for the District of Columbia.

TESTIMONY OF JAMES R. PACE, CHIEF, U.S. PROBATION OFFICE, U.S. DISTRICT COURT FOR THE DISTRICT OF COLUMBIA; RICHARD CARLSON, SUBSTANCE ABUSE COORDINATOR, U.S. PROBATION OFFICE, U.S. DISTRICT COURT FOR THE DISTRICT OF COLUMBIA ACCOMPANIED BY JAMES H. DUNNING, U.S. PROBATION OFFICER

Mr. PACE. I would like to have Mr. James Dunning accompany us.

Mr. HUGHES. Mr. Pace has a long and extensive career in probation and parole supervision. He has served as chief probation officer in the District of Columbia for 7 years. For 3 years he was the parole executive for the United States Parole Commission. Mr. Pace also was Chief United States probation officer for the North-

ern District of Indiana for 3 years, and a United States U.S. Probation Officer in the District of Columbia for 10 years prior to that.

Mr. Richard Carlson has served as substance abuse coordinator since last fall. He has been a United States probation officer for 6 years. Previously, Mr. Carlson was a probation officer for the Commonwealth of Virginia for 4 years and before that, he coordinated a drug treatment program in Minneapolis for 3 years.

Our panel will be able to present the benefit of their direct experience with drug addicted offenders and drug treatment programs.

Your statements, without objection, will be made a part of the record.

We will start with you, Mr. Pace.

Mr. PACE. As you say, you have my statement and our primary purpose here today is to answer any questions that you might have about our particular drug aftercare program.

I will say that we have something in the neighborhood of 1,700 probation and parole cases under supervision and of that number some 450 have been identified as having various kinds of drug problems, 28 percent of our total supervision population.

Of the 450 that we have identified as having drug problems, either at the presentence stage or during the course of the supervision process, 250 of those are in our present contract drug aftercare program and the remaining 200 are in various other kinds of community treatment programs. Of the latter group, about 60 are in therapeutic communities around the city.

Mr. HUGHES. What do you mean by therapeutic communities?

Mr. PACE. This is a residential treatment approach that utilizes a total treatment milieu, including various forms of intensive and confrontive group and individual counseling.

Mr. HUGHES. Residential in nature?

Mr. PACE. Yes; the three that are most prominent here in Washington, would probably be Second Genesis, Last Renaissance, and RAP, Inc. The people remain there from 12 months to 2 years. They cannot leave the facility, and have rigorous types of programs and evaluation, all of which are designed, I believe, to remake or restructure the whole personality.

We have about 60 people in these programs remaining; 140 are being supervised by our line probation officer staff, who utilize various kinds of group counseling sessions, including marital and supportive counseling, urine testing and, where necessary, close surveillance.

We are very enthusiastic about what for us is a new drug contract program, as it represents for us the first time that we have had an opportunity to fully develop a comprehensive treatment effort for our addict population. Now, we run a urinalysis on every person coming through our court at the presentence stage. If he or she is found to be using drugs, that goes into the report. Should the person be placed on probation, the court will have had our recommendation for a drug aftercare or an inpatient program. Should the individual go to prison our drug information is passed along to the prison, authorities, and they are identified and hopefully picked up for institutional treatment.

Once the person is placed on probation or parole, we generally use our contract drug aftercare programs for only the more severe

cases. I would like, if I may, take a moment here to respond to Congressman Sawyer's question as to why the noncontract services appear to be doing a much better job than the contract services thus resulting in an apparent tremendous waste of the taxpayer's money for contract drug services. We think there are several reasons for these findings by the Administrative Office.

First, many noncontract services tend to be more selective. They only want the people they think will respond most effectively to their particular kind of treatment. Most of the individuals we have under supervision will not go near a therapeutic community; it is too long, there is intensive group-individual therapy, and a 24 hour confrontive, constant request for self and group evaluation of the individual. As most of our client population cannot stand up to this type of treatment atmosphere, they leave the program generally after only a few days or weeks.

Second, as I mentioned, the residential noncontract agencies keep their clients for a longer period of time. They keep them longer.

Third, the contract cases tend to be the much more difficult clients. Let me give you an example. I mentioned that about 140 of these drug cases are supervised by line officers. If the client begins to use drugs, or starts using narcotics again, he is placed in either the contract aftercare program or our detoxification residence. In either case, it is the contract programs who end up with the person who is less likely to succeed.

Fourth, the noncontract programs often mean just one probation officer working with several clients. Our caseloads here in the District of Columbia number 55 to 60 cases per officer, which will include some probationers and parolees who are using drugs. Even though the probationers may be using drugs while under supervision, he may go undetected and end up completing his supervision simply because the officers has not been able to provide the surveillance that might have been needed.

Fifth, many of the noncontract jurisdictions are located in small rural areas where there is no serious drug problem. The probation officer may not only have a drug contract, but be a jurisdiction without any kind of a drug program. The point is that these statistics, as with many statistics, are very misleading unless you look behind what they appear to indicate.

We have a large number of addicts not in a formal aftercare program who don't use drugs every day. The individual who is addicted will generally need a fix every 4 hours. Many of the people we supervise who are not in a drug program are what we call "chippers". They are not addicted, and can work and function relatively well, using drugs perhaps only on a weekend.

Congressman Sawyer was interested particularly in the number of heroin users under supervision. We have some figures here for our particular district, though it is important to keep in mind that addicts will use anything. They don't limit themselves to heroin, but will take whatever they can get. In our particular district we are taking about 1,300 urine samples a month. Of that, 30 percent of the 1,300 come back positive for one drug or another. Forty of that thirty percent are "positive" for heroin. Twenty percent, surprisingly enough, for methadone. Another 10 percent are for PCP,

and the remaining 30 percent are various other types of drugs. We have very few people who use heroin exclusively, and will often test "positive" for other drugs. However, heroin is generally the drug of choice throughout the District of Columbia, and I suspect for any large city throughout the country.

Our own three-phased drug contract program, as I have mentioned in my written testimony here, calls for detoxification immediately. Once a person is using drugs we get him off the street into our residential facility, which is one of the few of its kind in the city. The District of Columbia has no facility for detoxification, although there are two hospitals that will reluctantly accept addicts if they have medicaid or can pay the very high fees, the Washington Hospital Center and Howard University.

We put the addicted individual in the detoxification center for from 10 to 13 days. He is very heavily supervised, counseled, and given a physical examination and all the medical attention he needs. I might point out we don't have any facilities for females, as we could not get the contractor, based on the amount of money we had, to open up the facility to women.

Mr. HUGHES. Where do you take them?

Mr. PACE. We have had some success in getting medicaid for these women and putting them in the Washington Hospital Center. However, we are hoping that if our budget is increased to prevail on either this contractor or another contractor to provide services for female addicts as they are becoming a very serious problem for our office.

After they are detoxed and given what we think is relatively intensive attention, the addicts remain in the facility for another three weeks. When they are "clean" and no longer using drugs, then the emphasis changes to heavy individual, group, and vocational counseling, pre-employment training, and job assistance, all preparatory to returning them to the community. After that they are removed from the facility and into the outpatient aftercare program where we have three officers working with the drug contract's seven counselors. Mr. Dunning here is one of those probation officers in this program. There, again, the intensive supervision and accountability continues. There are many Narcotics Anonymous groups being conducted, and considerable attention continues to be given to pre-employment training, vocational training, and hopefully, job placement.

As to how successful this program has been, I think it is too early to tell as the project has only been fully operational for in terms of statistics, but we do know that if a few months. However, if you wish to rate success by *our* definition, which is, can the person function, is he working, is he not out committing crimes, and is he reporting to his probation officer. We think the success rate is pretty good. For example, we have had no drug overdoses in our caseload since this program got underway, either in the detox center or aftercare. We are talking about some 250 cases in aftercare at any one time and 17 in the detox facility at any one time. That would total up to about 200 clients over the year in the impatient detoxification facility alone.

Mr. HUGHES. If I could interrupt you, Mr. Pace, because we have a vote in progress, we will have to take a short recess. The subcommittee stands in recess for 15 minutes.

[Recess.]

Mr. HUGHES. The committee will come to order.

That happens, as you know. Please continue.

Mr. PACE. Well, I think I've finished with my formal presentation. I am available to questions. Mr. Carlson has also prepared a written statement, which has been submitted.

Mr. HUGHES. We have your statement which will be admitted in full.

[The statements of Messrs. Pace and Carlson follows:]

SUMMARY OF TESTIMONY OF JAMES R. PACE, CHIEF U.S. PROBATION OFFICER FOR THE DISTRICT OF COLUMBIA

This statement is offered on behalf of the Administrative Officer, U.S. Courts, in support of the passage of H.R. 3963, a bill to amend the Contract Services for Drug Dependent Federal Offenders Act of 1978, in order to extend the period for which funds are authorized to be appropriated.

The testimony contains the rationale for our particular District's need for the continuation of the contract services bill, information regarding the approximate number of drug-addicted federal offenders who are presently in our drug contract program, and a general description of the current drug residential and aftercare "model" which we are utilizing in this office. Finally, there is a breakdown listed of the unit costs for the services which we have required of the successful contractor for fiscal year 1981.

PREPARED STATEMENT OF JAMES R. PACE, CHIEF U.S. PROBATION OFFICER FOR THE DISTRICT OF COLUMBIA

Gentlemen: Although our office here in the District of Columbia has at present what I believe is the largest number of probation and parole cases with drug problems under supervision of any office in the federal probation system (about 450 at last count), until very recently we have been unable to mount a really comprehensive program for dealing with their drug difficulties. The biggest two problems have been a lack of in-patient facilities for detoxification and an inability to provide any continuity in the treatment and supervision services provided these cases. As regards the in-house detoxification issue, even at present the D.C. area has few if any free facilities where our clients can undergo detoxification and, indeed few such places where they can be treated for a reasonable fee. I'm sure I don't need to elaborate on the consequences of this problem in terms of the threat to the community which these addicts pose, nor the impact on both them and their loved ones which the continuing use of hard drugs brings about. The lack of a continuity of services posed a separate, but also difficult problem for this office. Although we have always worked very closely with the U.S. Bureau of Prisons, and continue to do so, when they had the drug contracting responsibilities our participation in the assessment of needs, program development, and personnel supervision was extremely limited in the drug aftercare contracts.

Fortunately, this picture has changed. Since the Administrative Office of the United States Courts has the authority to award contracts to provide supervisory aftercare services for addicted and drug-dependent federal offenders who are on probation or parole, the federal probation system is currently in a position to develop both in-house and aftercare drug programs for our clients and to thus have a considerable voice in just what private contractors provide this service, which services are considered to be most appropriate in working with the addict and, perhaps most importantly, the caliber of the private drug personnel who will be administering these services. I should like to comment briefly on the contract program which we have designed for a number of the drug clients under our supervision.

This particular program, which is now fully operational under a contract for fiscal year 1981 with the Bureau of Rehabilitation of the National Capital Area, provides services in three phases, beginning with in-patient detoxification (Phase I), then moving to short-term residential placement in the same facility (Phase II) and concluding with outpatient treatment (Phase III). In the detoxification phase, interestingly enough, we are still working very closely with the U.S. Bureau of Prisons,

since they hold the private contract with the Bureau of Rehabilitation for this detox facility, appropriately called "Step One". While the BOP does pay the majority of the costs for our probationers and parolees who are treated in this facility, we pay the difference between what they allot per client for all of their halfway house residents, and the additional cost of providing care in the Step One residence (see breakdown of unit costs below). The residential staff consists of a house director, assistant, and three counselors. The remaining services, such as medical, nutritional, and vocational, are either contracted for or received from voluntary participants. The residence, incidentally, is an attractive, adequately furnished three-story structure located in a pleasant northwest section of the city.

In the aftercare phase, the probation and parole cases under our supervision are supervised by seven fully trained and professional drug counselors. They work closely with two of our probation officers who are located at the contract site for most of the work week. These officers maintain case responsibility for the clients referred to the Bureau of Rehabilitation, and constitute a "team approach" with the counselors which is designed to provide the often individualized drug treatment that is called for. Specifically, the three-phase program operates in the following manner:

Phase I.—This is an inpatient, drug-free detoxification period of some 10 to 15 days duration, for a maximum of 17 clients. Routine urine collection is conducted during this phase, any medical needs are met and extensive counselling is provided. (While all of the some 250 drug cases presently in the contract program did not go through the detoxification procedure in residential treatment, it is estimated that with a 17-bed capacity, approximately 204 of our clients would be able to avail themselves of this service each year if all were admitted in a timely fashion, and remained for the full 28 to 30-day period.

Phase II.—The residential phase is continued during this period, for from 13 to 18 days. Here the counselling sessions increase, with a special focus on pre-employment planning and job development. Incidentially, several of our staff officers assist with these counselling efforts.

Phase III.—This is the outpatient aftercare component of the program, with some 210 clients in active treatment at any one time, along with about 40 cases in various "inactive" stages. This phase, which generally lasts for six months or more, focuses on a total effort to keep the client free of drugs and prepare him or her to meet the demands of the return to community living. Again, programming would consist of various forms of financial counselling, urine collection, perhaps vocational training, job readiness, and job placement. Consistent monitoring regarding drug usage and behavior in the community is provided during this stage.

Should the Committee be interested in the various unit costs of our present contract with the Bureau of Rehabilitation which totals approximately $300,000, I have listed them below:

Service	*Unit price*
Urine collection, per collection	$1.25
Individual counseling, per session	28.50
Group counseling, per client, per session	7.50
Family counseling, per family, per session	28.50
Testing and work skills evaluations, per client	295.77
Vocational training, per client	(1)
Job placement, per client	246.48
Physician's examination, per client	83.36
Psychological/psychiatric workup/evaluation per client	179.22
Ambulatory detoxification: Physician's examination, per examination	(1)
Ambulatory detoxification: Medication per dose	(1)
Inpatient detoxification: Detoxification, per client, per day[2]	4.57
Inpatient detoxification: Physician's examination, per examination	83.64
Inpatient detoxification: Medication, per dose	1.79
Therapeutic community, per day, per 14 clients	4.57
Temporary housing for clients, per day, per client	(3)
Emergency transportation for clients: Administrative fee, per month	(1)
Emergency transportation for clients: Transportation expense	(2)
Emergency financial assistance for clients: Administration fee, per month	(1)

Service	*Unit price*
Emergency fianancial assistance for clients: Direct financial asssistance...	(3)
Contractor's local travel, by contractor's vehicles	(4)
Contractor's local travel by common carrier	(4)

[1] No charge.
[2] The U.S. Bureau of Prisons, as previously indicated, pays the remaining residential costs, some $39.20 per client.
[3] Actual cost.
[4] GTR.

How federal probationers and parolees under the jurisdiction are placed in the drug contract program: Although our office at present has something in the neighborhood of 450 persons under supervision with drug problems, as indicated previously, generally only those individuals who have specific drug aftercare conditions as part of their probation or parole are placed in this particular program. (Approximately 250.) The remaining 200 drug cases under the jurisdiction of our office are either placed in a few other, rare, community drug programs (such as the Veterans Administration), or are being closely supervised (and, hopefully, "treated"), by our line probation officers. However, if recent increases in the parole cases coming to our office with specific drug aftercare conditions continue, it is quite likely that we will have to increase the number of clients in the Bureau of Rehabilitation's three-step narcotics program.

In closing, it is still too early to tell just how effective this particular contract program has been * * * having been fully operational only since the first of the year. However, we do have plans to add at least a small research component to the project for this next fiscal year, during which time we will attempt to find out whether the model has been effective, and whether any positive results can be maintained in the community after the probationer or parolee has completed the program. As regards any long-term goal for these people (and for all of the individuals under our supervision), it could probably best be expressed simply as: "Helping them learn to legally and effectively cope with their particular social system in a manner which will both protect the community and give a sense of purpose and meaning to their own lives."

I thank you for the opportunity to appear before your Committee, and am, hopefully, prepared to answer any questions you might have about our particular drug contract program.

Summary of Testimony of Richard J. Carlson, U.S. Probation Officer for the District of Columbia

This statement is offered on behalf of the Administrative Office, U.S. Courts, in support of the passage of H.R. 3963, a bill to amend the Contract Services for Drug Dependent Federal Offenders Act of 1978, in order to extend the period for which funds are authorized to be appropriated.

This testimony presents my personal experience as the Substance Abuse Coordinator in the U.S. Probation Office for the District of Columbia. Testimony will address changes that have occurred since the shift of contractual responsibility from the Bureau of Prisons to the U.S. Probation Office. Finally, it will examine particularly how this affects our ability to perform in a demanding environment.

Prepared Statement of Richard J. Carlson, Substance Abuse Coordinator, U.S. Probation Office for the District of Columbia

Gentlemen, substance abuse is undoubtedly the most serious crime problem in Washington, D.C. and in most urban centers. Large populations of narcotic addicts steal and commit crimes daily to support their habits. However, coordination of narcotic services, realistic determination of needs, and most of all, a comprehensive strategy has, we feel, enabled our office to properly address the problem. We accomplished this mainly through the transferring of contractual responsibility to the local level. It would be a major setback to lose that ability at such a critical time.

My career as a U.S. Probation Officer began in 1975, upon being assigned to what was then the Narcotic Treatment Unit. Probation officers and caseworkers complained about high caseloads, inadequate support systems, and few effective treatment alternatives. Burnout among the probation officers was rampant. My method of survival was to establish a network of effective counselors in the various narcotic treatment programs of the District of Columbia. This was difficult because funding sources were varied and the only contractual arrangement was with our aftercare agency, Bureau of Rehabilitation, through a third party, Bureau of Prisons. Methadone treatment, for whatever reason, did not seem to work, and the length of treatment in therapeutic communities (usually 2 years) made this alternative unattrac-

tive to most of the addicts; especially since under the National Addict Rehabilitation Act, they could reenter the community after 8 or 9 months of incarceration. Because of these problems, the Narcotic Treatment Unit was disbanded and cases were distributed evenly throughout the Probation Office.

This move only aggravated the problem because many probation officers lacked the skill to affect change in the addict. Some officers struggled with the addict cases because of the level of difficulty in supervising those cases. Therefore, many cases managed to avoid detection and consequent action.

Since narcotic treatment was a personal interest, I maintained my network of contacts and sought knowledge outside of Washington, D.C. I traveled to New York and Los Angeles to observe their methods. I participated in a thirty day exchange program with Inner London Probation and Aftercare Service in London, England. Certain needs stood out as essential to success of any rehabilitation program.

First, identification of the addict and the ability to take quick action were needed. Centralization of case responsibility with the appropriate support systems for caseworkers and clients must be developed. Effective training and program accountability were equally important. More innovative programs needed development. Most of all, the addicts using narcotics must be removed from the community to prevent crime and allow effective treatment. Close surveillance and support group therapy were necessary to maintain abstinence.

The opportunity to address these needs was made available through the transfer of contracting authority from the Administrative Office to the local level. In Washington, D.C., due to local control, we have almost doubled the number of urinalysis samples taken. Prior to the transfer, we were taking 750 to 800 urinalysis samples per month, and last month, we took 1,400 samples. Three probation officers have case responsibility for 250 cases. Their team approach, using seven aftercase counselors to provide the day-to-day counseling, appears effective. Our residential detoxification facility, Step One, is the only one of its kind in Washington, D.C. It affords us the ability to remove an addicted person from the community to a drug-free environment and provide him medical attention. Recently, National Institute of Drug Abuse (NIDA) provided a one week training package on "Burnout" exclusively for our office. New innovative programs are Narcotics Anonymous and nutritional therapy in Step One. We progressed from one Narcotic Anonymous meeting weekly to a meeting every night. This support system is available to all clients and most recovering addicts claim that if they continue to attend the meetings, they maintain their abstinence. We required Step One to employ a nutritionist to insure a healthy diet and to assist our probation officers with nutritional therapy. In the near future, we hope to use vitamin and mineral supplements in cases identified as deficient by the house physician. I could continue because other progress has been made, but I will close with one more point. All of our accomplishments have occurred since the Contract Services for Drug Dependent Federal Offenders Act of 1978.

Narcotic abuse is of epidemic proportion in Washington, D.C. Deaths from narcotic overdose and a higher purity of street heroin support this claim. All drug programs report increasing populations. The U.S. Probation Office must react quickly and responsibly. Specific addict needs dictate program changes, and without actual contract authority, we cannot make these changes. Urine surveillance needs were not addressed properly under the old contractual arrangement. All of the above determines how effective our staff will perform in protecting the community and rehabilitating the narcotic addict.

I thank you for the opportunity to appear before Committee, and am, hopefully, prepared to answer any questions you might have about our particular drug contract program.

Mr. CARLSON. I have nothing to add to my statement, and we are ready to answer any questions.

Mr. HUGHES. All right, fine.

What are the offenses for which most of the drug dependent offenders in your district have been convicted?

Mr. PACE. The three major categories would be the Controlled Substances Act violations, which is drugs; property offenses; and robbery.

Mr. HUGHES. Are any violent offenses?

Mr. PACE. Robberies are primarily armed robberies, yes.

Mr. HUGHES. The testimony several weeks ago by one of the witnesses was that drug-addicted offenders do not seem to be violence

prone, that is, they do not seem to have a capacity to commit violence, like an armed robbery.

But they are the ones committing assaults.

Mr. PACE. There are some. I think it is important to point out here that we are not really talking about the nonviolent drug addict versus the violent drug addict. These people bring whatever "baggage" they have with them when they start using drugs, and if they have been violent before, they are likely to continue to be violent, with or without the use of drugs. Generally, the addict we deal with is pretty apathetic and lethargic. His biggest offense category would probably be the shoplifting category in the various suburban and downtown department stores. They are really masters at that.

Mr. HUGHES. Are there any patterns that you have been able to discern concerning the type of drug abused and a particular type of offense?

Mr. PACE. No; as I have said, we have the three major categories of drug usage, heroin, methadone and PCP though I don't believe any of this can be related to a specific offense category.

Mr. HUGHES. Mostly property type of crimes?

Mr. PACE. Right.

Mr. HUGHES. Do you have any information concerning drug abuse patterns of Federal offenders who are not under your supervision?

Mr. PACE. Persons who are not under the jurisdiction of the court or the Parole Commission?

Mr. HUGHES. That is correct.

Mr. PACE. No, and I'm not sure how we would have access to that type of information.

Mr. HUGHES. Concerning the availability of detoxification centers in the District of Columbia, have you had discussions with the chiefs of other local probation services about the adequacy of spaces for the client population in the metropolitan area?

Mr. PACE. At great length. There is only one other probation department in the District of Columbia, the D.C. Superior Court Probation Department. Jim Porter is the chief officer there. Two weeks ago the two of us attend an all-day drug seminar at Howard University, during which time this particular issue was addressed. For example, the Superior Court Probation Office at present has no means at all for conducting any urinalysis on defendant coming through their system. Not only does this pose a serious problem, but they also have no access to detoxification facilities for persons who are clearly addicted to drugs.

Mr. HUGHES. The gentleman from Michigan.

Mr. SAWYER. Gentlemen, I appreciate your explanation on that statistical differential between contract and non-contract agencies, and it does make some sense. I couldn't figure out at first what could be causing that obvious disparity.

Mr. PACE. Unfortunately, the raw data is misleading.

Mr. SAWYER. It is probably the same thing that causes, in a sense, the disparity between the parolee and the one on probation. The one on probation probably looks like a better bet going in, whereas the parolee obviously at some point did not look that good to somebody, and probably on the average was not.

Mr. PACE. He is the man who has been denied probation to begin with.

Mr. SAWYER. The selection is against the odds, in effect, and that is probably true on this contracting.

Mr. PACE. When you add the offender's poor selection for probation to his drug history, you really have a difficult combination when he returns to the community.

Mr. SAWYER. The program I am familiar with in my area is a tough one like the one you described. They must remain in the environment voluntarily for a long time. Not too many of them make it. The judges have been frequently granting conditional probation on this basis and the percentage of successes on that are disappointingly small.

They think it is very good but if you're looking at it in terms of pure numbers——

Mr. PACE. For even the nonoffender to be locked up in a drug program for 1 to 2 years full-time with no access to the community, it is quite difficult. For the criminal offender addict, it is often virtually impossible to get them to complete the program.

Mr. SAWYER. There is a general misperception on the part of the public that the heroin addict is some kind of a crazed drug nut. When he is under the influence of drugs, he is really not a very dangerous character. He is really pathetic. He is more dangerous when he doesn't have the drugs.

Mr. PACE. Generally speaking, he is really not that dangerous when he doesn't have drugs. The addict, in probably most instances, is apathetic, fatigued, unmotivated and just trying to get through the time until his next fix.

Mr. SAWYER. For example, you get some self-enforcement between small drug dealers and that is where you do get some violence.

Mr. PACE. As far as the threat to the community is concerned.

Mr. SAWYER. No, no. More of a threat to themselves.

Well, thank you. I appreciated your testimony. It did clarify, or at least give a plausible reason for the difference between those statistics.

I yield back.

Mr. HUGHES. Dr. Robert DuPont, when he was before this subcommittee, suggested that all probationers and parolees be surveyed by urinalysis?

Mr. PACE. I have great respect for him, but I couldn't disagree with his suggestion more.

We believe that it would be inappropriate, and possibly even unconstitutional to conduct routine urinalysis tests on many persons who have been granted probation and are under our supervision, assuming, of course, that the urinalysis conducted at the time of the presentence investigation was negative, and the individual either has no drug history or any indication of any previous involvement in narcotics. Such persons as the middle age stock broker on probation for fraud, or the elderly bank clerk who was convicted of embezzlement would not appear to need routine urinalysis testing.

Mr. HUGHES. Are the therapeutic community drug treatment programs on the decline?

Mr. PACE. Probably so because of the drying up of the grant money, by and large. Mr. Shankman, who is the highly lauded director of the Second Genesis program here in Washington, D.C. was saying this at a recent drug seminar commenting on the lack of availability of funds to continue the high standard of services that he has been able to provide in the past to persons with drug problems.

Mr. HUGHES. What do you think that is going to do to the criminal justice system?

Mr. PACE. It is going to put some people back on the street who probably shouldn't be there without drug treatment. Many of these people are just not coming to the attention of the criminal justice system.

Mr. HUGHES. You have had experience with the aftercare program since the beginning of the year. If you were going to appear before 435 Members of Congress in a time of austerity, what arguments would you use to convince them?

Mr. PACE. First, I would try to figure out a way not to appear. But if I had to appear, I would say that I am, as are Members of Congress, concerned about the serious threat to the community, which drug usage and trafficking poses. Certainly before we in the criminal justice system are going to be able to assist addicts with their drug problems, it is first going to be necessary to be able to identify the person, a point made by Dr. DuPont in his testimony before the committee. I would see as a top priority the need for all court and probation and parole systems to have a good urinalysis surveillance program, along with adequate detoxification and outpatient treatment facilities for addict-offenders, in addition to a well trained professional staff.

Mr. HUGHES. How significant is the presence of the parole officer in deterring that individual from using drugs? Do you have any feeling for that?

Mr. PACE. The best answer I can give is that I mentioned earlier that we take 1,300 urine specimens a month, and only 30 percent come back positive. This means that 70 percent of these people at any one time are clean, that is not using drugs.

Mr. HUGHES. That doesn't mean that that same 30 percent wouldn't be before the court again regardless of the program, does it?

Mr. PACE. No; my point is that if you take a 100 addicts and only 30 percent are using drugs at any one time, that means that something worthwhile is happening somewhere for the other 70 percent.

Mr. HUGHES. Maybe they saw the light.

Mr. PACE. I would not contend that it is the presence of the probation officer in our drug contract program who dissuades this person from using drugs, but I do say that we can monitor the people in this program much more effectively as Mr. Dunning will tell you. We can get them before the court, off the street and where necessary, in confinement, once it is clear that they do pose a threat to the community. That is an ability that we did not have before.

Mr. HUGHES. I see.

The gentleman from Michigan.

Mr. SAWYER. I have nothing further.

Mr. HUGHES. Well, thank you, gentlemen, you have been most helpful.

The conclusion of the hearing comes at a very good time. We have another vote. The subcommittee stands adjourned.

[Whereupon, at 4:40 p.m., the subcommittee was adjourned, to reconvene subject to the call of the Chair.]

ADDITIONAL MATERIAL

Union Calendar No. 181

97TH CONGRESS
1ST SESSION

H. R. 3963

[Report No. 97–283]

To amend the Contract Services for Drug Dependent Federal Offenders Act of 1978 to extend the periods for which funds are authorized to be appropriated.

IN THE HOUSE OF REPRESENTATIVES

JUNE 18, 1981

Mr. HUGHES introduced the following bill; which was referred to the Committee on the Judiciary

OCTOBER 21, 1981

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic

---

A BILL

To amend the Contract Services for Drug Dependent Federal Offenders Act of 1978 to extend the periods for which funds are authorized to be appropriated.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

~~That this Act may be cited as the "Contract Services for~~

~~Drug Dependent Federal Offenders Act Amendment of 1981".~~

~~SEC. 2. Section 4(a) of the Contract Services for Drug Dependent Federal Offenders Act of 1978 (18 U.S.C. 4255 note) is amended—~~

~~(1) by striking out "1981; and" and inserting in lieu thereof "1981;", and~~

~~(2) by inserting before the period at the end thereof the following: "; and such sums as may be necessary for each fiscal year ending after September 30, 1982".~~

That this Act may be cited as the "Contract Services for Drug Dependent Federal Offenders Act Amendment of 1981".

SEC. 2. Section 4(a) of the Contract Services for Drug Dependent Federal Offenders Act of 1978 (18 U.S.C. 4255 note) is amended—

(1) by striking out "1981; and" and inserting in lieu thereof "1981;", and

(2) by inserting before the period at the end thereof the following: "; $4,500,000 for the fiscal year ending September 30, 1983; $5,500,000 for the fiscal year ending September 30, 1984; and $6,500,000 for the fiscal year ending September 30, 1985".

ADMINISTRATIVE OFFICE OF THE
UNITED STATES COURTS
WASHINGTON, D.C. 20544

WILLIAM E. FOLEY
DIRECTOR

JOSEPH F. SPANIOL, JR.
DEPUTY DIRECTOR

WILLIAM A. COHAN, JR.
CHIEF OF THE DIVISION
OF PROBATION

July 8, 1981

Mr. Eric Sterling
Assistant Counsel
House Subcommittee on Crime
207 Cannon House Office Building
Washington, D. C. 20515

Dear Eric:

Pursuant to your request I furnish two lists: First, drugs routinely tested for in our basic urinalysis screen; Second, a list of all drugs we currently require the contractor to test for on special request.

Basic Screen

The Basic Screen shall include at least the following drugs:

	Drugs	Level of Sensitivity
a.	Morphine (total: free & glucuronide)	0.5 ug/ml
b.	Methadone (& metabolite)	1.0 ug/ml
c.	Codeine	1.0 ug/ml
d.	Other Opiates	1.0 ug/ml
e.	Cocaine (free)	2.0 ug/ml
f.	Benzoylecgonine	4.0 ug/ml
g.	Amphetamines (including, but not limited to: Methamphetamines d-amphetamines)	1.0 ug/ml
h.	Barbiturates (including, but not limited to: Amobarbital, Butibarbital, Pentabarbital, and Secobarbital)	1.0 ug/ml
i.	Quinine	1.0 ug/ml
j.	Phencyclidine (PCP)	None established

Special Screens

On special request by the U. S. Probation Officer or the aftercare agency, the Contractor shall detect and identify in the urine specimen, other drugs which may be present including, but not limited to, the following:

a. Amitriptyline Hydrochloride (Elavil)
b. LAAM (Levo-alpha-acetylmethadol)
c. Doxepin (Adapin)
d. Glutethimide (Doriden)
e. Hydroxyzine Hydrochloride (Atarax)
f. Imipramine Hydrochloride (Tofranil)
g. Meperidine Hydrochloride (Demerol)
h. Methaqualone (Quaalude)
i. Methocarbamol (Robaxin)
j. Methylphenidate Hydrochloride (Ritalin & Ritalinic Acid)
k. Naltrexone
l. Oxycodone Hydrochloride (Percodan)
m. Pentazocine (Talwin)
n. Phenmetrazine Hydrochloride (Preludin)
o. Phenothiazine (Thorazine et al)
p. Phenylpropranlamine Hydrochloride (PPA)
q. Diphenylhydantoin (Dilantin)
r. Promethazine Hydrochloride (Phenergan)
s. Propoxyphene Hydrochloride (Darvon)
t. Ethchlorvynol (Placidyl)
u. Benzodiazepines (Valium, et al)
v. Ethanol (Alcohol)

Sincerely,

Donald L. Chamlee

Donald L. Chamlee
Deputy Chief of Probation

TABLE I

BUOGET PROJECTIONS FOR THE OPERATION
OF ORUG AFTERCARE PROGRAM
FEOERAL PROBATION SYSTEM 1983--1985

	1983	1984*	1985*
CONTRACT TREATMENT	3,290 persons	3,524 persons	3,913 persons
NONCONTRACT TREATMENT	2,010 persons	2,076 persons	2,187 persons
TOTAL IN TREATMENT	5,300 persons	5,600 persons	6,100 persons
URINALYSIS	$1,001,700 (54 tests at $3.50 for 5,300 persons)	$1,143,000 (54 tests at $3.78 for 5,600 persons)	$1,344,000 (54 tests at $4.08 for 6,100 persons)
URINE COLLECTION	$417,500 ($2.35 per collection 54 times a year for 3,290 persons)	$483,400 ($2.54 per collection 54 times a year for 3,524 persons)	$579,000 ($2.74 per collection 54 times a year for 3,913 persons)
COUNSELING	$3,096,600 ($18.10 x 52 times a year x 3290)	$3,582,500 ($19.55 x 52 times a year x 3524)	$4,295,400 ($21.11 x 52 times a year x 3913)
EVALUATION OF TREATMENT PROGRAM	$180,000	$194,400	$210,000
MONITORING OF LABORATORY	$50,000	$54,000	$58,300
TOTAL	$4,745,800	$5,457,300	$6,486,700

*Assumes 8 percent inflation per year.

TABLE II

PROJECTED ADDITIONAL CONTRACT EXPENDITURES
IF NONCONTRACT TREATMENT PROGRAMS
RECEIVE REDUCED FUNDING

	1983	1984	1985
CONTRACT TREATMENT	3,960	4,894	5,356
NONCONTRACT TREATMENT	1,340	706	744
TOTAL IN TREATMENT	5,300	5,600	6,100
ADDITIONAL COST TO CONTRACT PROGRAM	$715,600	$1,580,700	$1,797,500

U.S. Department of Justice
Office of Legislative Affairs

Office of the Assistant Attorney General

Washington, D.C. 20530

SEP 29 1982

Honorable Strom Thurmond
Chairman
Committee on the Judiciary
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

This is with reference to H.R. 3963, to extend the drug aftercare program by which supervision is provided to released Federal prisoners with a history of narcotics addiction.

Although the House approved this bill last year, the Department of Justice has not previously commented on the measure. We are, however, supportive of the drug aftercare program and believe it should be extended. Termination of the program would mean that many prisoners who could otherwise be released would have to be retained in crowded correctional facilities at significsnt cost to the United States. Those prisoners who were released without drug aftercsre would be a much greater risk to return to a life of narcotics addiction and crime. We believe, therefore, that this program is one of great importance to law enforcement and hope that H.R. 3963 can be enacted before the adjournment of the 97th Congress.

The Office of Management and Budget advises that there is no objection to the submission of this report from the standpoint of the Administration's program.

Sincerely,

(Signed) Robert A. McConnell

Robert A. McConnell
Assistant Attorney General

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